This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

Memphis medical monthly

Tri-State Medical Association of Mississippi, Arkansas and Tennessee, West Tennessee Medical and Surgical Association, ...

Digitized by Google

DR. AUTO OWNER

WHY NOT TELEPHONE **638** FOR YOUR NEXT TIRE?

INSTANT DAY AND NIGHT EVERYWHERE ROAD SERVICE

"Firestone" TIRES

Six Thirty-Eight Tire and Vulcanizing Co.

BOTH PHONES 638 MONROE AND WELLINGTON

MAIN 282
MAIN 127

MEMPHIS PHONE 282

Thompson Bros.

Funeral Directors and Embalmers

AUTO AMBULANCE CALLS PROMPTLY ANSWERED

SPECIAL ATTENTION GIVEN ALL OUT OF TOWN CALLS

Auto Funerals Complete

176 North Main Street

Digitized by Google

FELLOWS' SYRUP
OF THE
HYPOPHOSPHITES

Efficient, reliable and always uniform.
Universally prescribed since 1866—
the year of its introduction

Reject < **Cheap and Inefficient Substitutes**
Preparations "Just as Good"

Professionally *tested* — Approved professionally.

Exceptionally Palatable, Digestible, Dependable

Physicians have been able to prescribe to advantage

HYDROLEINE

in cases in which cod-liver oil is indicated. Hydroleine is the pure Norwegian cod-liver oil emulsified in a manner which makes it extremely utilizable. It is without medicinal admixture.

Sold by Druggists

THE CHARLES N. CRITTENTON CO., 115 FULTON ST., NEW YORK

Sample with literature sent to physicians on request

Digitized by Google

Dear Doctor:

If a small strip of paper is attached to this page, it contains a statement of your subscription account. We wish only to say that your prompt remittance will place us under lasting obligations to you. The aggregate amount of our subscription accounts is very large and if each one of our friends will at once make remittance it will be greatly appreciated.

With kindest regards and best wishes for all of our friends,

Yours truly,

MEMPHIS MEDICAL MONTHLY.

Digitized by Google

A MARKED POWER

to modify perverted nerve function, without subjecting the patient to untoward effects, has earned for

PASADYNE

(DANIEL'S CONCENTRATED TINCTURE OF PASSIFLORA INCARNATA.)

a rare reputation among sedative and soporific agents.

USE IT WHENEVER A CALMATIVE IS INDICATED.

PASADYNE is the new name for Passiflora Incarnata (Daniel's Concentrated Tincture) adopted for convenience and to prevent substitution.

SAMPLES AND LITERATURE SUPPLIED TO PHYSICIANS PAYING EXPRESS CHARGES.

Laboratory of JOHN B. DANIEL, Atlanta, Ga.

The Memphis Medical Book Company

ALL THE LATEST BOOKS AT PUBLISHERS' PRICES.

We offer the following books, guaranteed the latest editions:

Gray's Anatomy	$ 6.00
Diseases of the Eye—*De Schweinitz*	5.00
Minor and Operative Surgery—*Wharton*	3.00
Quiz Compend Bacteriology—*Pittfield*	1.00
Outlines of Physiology—*Jones and Bunce*	1.50
Wheeler's Hand Book of Medicine	3.00
Diseases of Children—*Rachford*	6.00
Food in Health and Disease—*Davis*	3.50

Any of the above books will be sent, carriage prepaid, on receipt of cash with order.

Order your Medical Books through us. Any book published will be sent, carriage prepaid, at publisher's prices. We will exchange new books for your old ones, if saleable. Send us a list of what you have and what you desire, and we will make you our best offer.

MEMPHIS MEDICAL BOOK CO. **MEMPHIS, TENN.**

Digitized by Google

THE MOST SATISFACTORY ANODYNE

is that one which, while possessing the entire therapeutic value of opium, is yet free from its disadvantages. This is descriptive of

PAPINE

(BATTLE)

A RIGIDLY TESTED PRODUCT.

BROMIDIA will give entire satisfaction in insomnia.
IODIA does everything that iodide of potassium does except distress the patient.
ECTHOL has been shown to be useful in typhoid.

BATTLE & Co., Chemists' Corporation, St. Louis, Mo.

Iodinized Emulsion
(SCOTT)

THE IDEAL INTESTINAL ANTISEPTIC.
Indicated in Typhoid and other slow fevers. Dysentery, Chronic Diarrhœa and gastro-intestinal troubles.

Creosotonic
(SCOTT)

THE IDEAL SYSTEMIC ANTISEPTIC.
Invaluable in Tuberculosis, Bronchitis, Pneumonia, Asthma, Catarrh and as a tonic after all exhausting diseases.

Samples and Literature free on request.
The Dawson Pharmacal Company, Incorporated. Dawson Springs, Kentucky.

SANMETTO FOR GENITO-URINARY DISEASES.

A Vitalizing Tonic to the Reproductive System.

Specially Valuable in Prostatic Troubles of Old Men—Irritable Bladder—Cystitis—Urethritis—Pre-Senility.

SOOTHING — RELIEVING — RESTORING.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

Beware of the so-called Elixir Compounds claiming to be "the same thing" or "just as good" if you do not wish to be disappointed.

EYE, EAR, NOSE AND THROAT PRACTICE FOR SALE

17 Years Established — Mobile, Alabama

Send inquiries to this Journal

Digitized by Google

K.&O. DOUCHE FOR THE APPLICATION OF GLYCO-THYMOLINE TO THE NASAL CAVITIES

GLYCO-THYMOLINE FOR CATARRHAL CONDITIONS

Nasal, Throat

Intestinal

Stomach, Rectal

and Utero-Vaginal

KRESS & OWEN COMPANY.

361-363 PEARL ST. NEW YORK

Digitized by Google

Elegant Pharmaceutical Specialties

Attention is called to the EXCELLENCE and VALUABLE THERAPEUTIC PROPERTIES of these PREPARATIONS

Robinson's HYPOPHOSPHITES,

NUTRITIVE, TONIC, ALTERATIVE.

A **Standard Remedy** in the treatment of Pulmonary Phthisis, Bronchitis, Scrofulous Taint, General Debility, etc. Stimulates Digestion, promotes Assimilation.

℞ Each fluidounce contains:

Hypophosphites	Soda.....2	gr.
"	Lime 1½	gr.
"	Iron 1½	gr.
"	Quinine ..... ¾	gr.
"	Manganese 1½	gr.
"	Strychnine ...1-16	gr.

Dose—One to four fluidrachms.

6 OZ. BOTTLES, 50 CENTS

PINT BOTTLES, $1.00.

This preparation does not precipitate —retains all the salts in perfect solution.

Robinson's PHOSPHORIC ELIXIR

A Modified and Improved Form of Chemical Food.

A Solution of the Phosphates of Iron, Sodium, Potassium and Calcium, in an excess of Phosphoric Acid.

Each fluidounce represents:

Phosphate	Sodium 12	grains
"	Potassium 4	"
"	Calcium 4	"
"	Iron 2	"

FREE Monohydrated Phosphoric Acid .....16 grains

Each fluidounce is approximately equal to (30) thirty grains of Monohydrated Phosphoric Acid, **free and combined.**

Unsurpassed in excellency and palatability.

An invaluable remedy in the treatment of

Nervous Exhaustion, Incipient Paralysis, Deranged Digestion, Melancholia, General Debility, Renal Troubles, Etc.

DOSE—The average dose is a dessertspoonful (2 fldrs.) diluted with water, to be taken immediately before, during or after meals.

PINTS, $1.00.

ROBINSON'S Lime Juice and Pepsin

Pure, concentrated Pepsin combined with Pure Lime Juice.

An exceedingly valuable combination in cases of Dyspepsia, Indigestion, Biliousness, Heartburn and Mal-Assimilation.

APERIENT AND CHOLAGOGUE

Impaired digestion is the consequence of a sedentary life, coupled with nervous and mental strain.

Reliable Pepsin is one of the best digestive agents known. Pure Lime Juice with its aperient and cholagogue characteristics, with the Pepsin, furnishes a compatible and most efficient combination as a remedy for the disorders named.

Robinson's Lime Juice and Pepsin is palatable and grateful to the taste.

Dose—Adult, dessertspoonful to tablespoonful after eating. Children, one-half to one teaspoonful, according to age.

PRICE:

6 oz. Bottles, 50 Cents.

16 oz Bottles, $1.00.

Robinson's ELIXIR PARALDEHYD

10 PER CENT.

Hypnotic, Sedative Anodyne Diuretic.

INDICATIONS: **Sleeplessness, Irritability, Nervousness, Headache, Colic, Etc.**

In doses of 45 grains, it calms restlessness and insomnia, and procures unbroken sleep of from four to seven hours duration, leaving behind neither languor, nausea, nor digestive disorders. It is proposed as possessing the good without the evil qualities of Chloral.

Our Elixir contains 45 grains of the Paraldehyd in each fluidounce, dissolved in an aromatic menstruum whereby the objectionable taste of the chemical is to a great extent disguised, and the preparation rendered palatable.

DOSE—10 per cent. 2 to 8 fluiddrachms.

PINT BOTTLES, $1.50.

N. B.—We also make 25 per cent. strength

PRICE PER PINT, $2.00.

WE NOW MAKE FLEXNER'S

Syrup Albuminate of Iron Compound.....	**PINTS, $1.00**
Solution Albuminate of Iron and Strychnine.....	**HALF PINTS**
Syrup Albuminate of Iron with Quinine and Strychnine	**$1.00.**

Please Specify ROBINSON'S Original Bottles. For Sale by Druggists.

ROBINSON-PETTET CO.,

INCORPORATED.

Manufacturing Pharmacists.

Founded 1842. Incorporated 1890. **LOUISVILLE, KY.**

☞Pamphlets gratis to Practitioners by mail upon request.

Digitized by Google

DR. H. B. KINCAID

Practice Limited to Diseases of the

Stomach and Intestines

OFFICE 1416 MEMPHIS TRUST BUILDING

Hours 9 to 3 (Sundays by appointment) **Office Phone Main 3558. Res. Main 4473**

Dr. Moody's Sanitarium

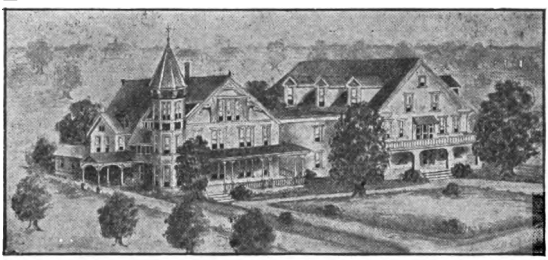
SAN ANTONIO, TEXAS.

For Nervous and Mental Diseases, Drug and Alcohol Addictions

Modern buildings, equipments and conveniences for genial home environments, comforts, and for rational scientific treatment which is strictly along ethical lines. Location and locality ideal for health, rest and recuperation. Address, **G. H. MOODY, M. D., 315 Breckenridge Avenue**
(Formerly Asst. Phys. to State Asylums at Austin and San Antonio, Texas.)

DRS. PETTEY & WALLACE'S SANITARIUM

958 S. Fifth Street **MEMPHIS, TENN.**



FOR THE TREATMENT OF

Alcohol and Drug Addictions
Nervous and Mental Diseases

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical. Complete equipment. New building. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method under his personal care.

Digitized by Google

℞ **Prunoids** — One Box

SIG—One or two at bedtime.

For Constipation

"An ideal purgative minus cathartic iniquities."

℞ **Cactina Pillets** — One Bottle

SIG—One to three pillets three times a day.

For the Heart

"A cardiac tonic of exceptional value when the heart needs supporting or reinforcing."

℞ **Seng** — One Bottle

SIG—One to two teaspoonfuls in water before meals.

For Atonic Dyspepsia

"A stimulator of glandular activity throughout the alimentary canal."

SULTAN DRUG CO., ST. LOUIS, MO.

SUCCESSFUL, efficient service in the defense of your reputation against malpractice suits.

AT a nominal cost that makes our protection valuable if you are only sued once in 20 years.

FOR your entire professional liability and for all services rendered while our contract is in force.

EVERY legal remedy exhausted to secure favorable verdict. $5,000 available for any one case.

Send for booklet A describing this "Safe" Defense Contract.

PHYSICIANS' DEFENSE CO.

804 Clinton St.,
FT. WAYNE, IND.

Digitized by Google

RESTORATION OF BODILY VIGOR

THE REQUISITE IN RESTORING BODILY VIGOR IS AN AGENT THAT

MAKES BLOOD, TONES UP NERVOUS TISSUE AND INCREASES WEIGHT.

IS DEPENDABLE FOR SUCH A PURPOSE.

FREE FROM GREASE AND THE TASTE OF FISH

EACH FLUID OUNCE OF HAGEE'S CORDIAL OF THE EXTRACT OF COD LIVER OIL COMPOUND REPRESENTS THE EXTRACT OBTAINABLE FROM ONE THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED) 6 GRAINS CALCIUM HYPOPHOSPHITE 3 GRAINS SODIUM HYPOPHOSPHITE WITH GLYCERIN AND AROMATICS.

Supplied in sixteen ounce bottles only. *Dispensed by all druggists.*

Katharmon Chemical Co., St. Louis. Mo.

KATHARMON POSSESSES EVERY QUALITY OF A SCIENTIFIC MOUTHWASH

KATHARMON CHEMICAL CO. ST. LOUIS, MO.

KATHARMON represents in combination Hydrastis Canadensis, Thymus Vulgaris, Mentha Arvensis, Phytolacca Decandra, 10% grains Acid Borosalicylic, 24 grains Sodium Pyrabenate to each fluid ounce of Pure Distilled Extract of Witch Hazel.

In JAUNDICE
HEPATIC TORPOR
CONSTIPATION
DYSPEPSIA and
LIVER DISORDERS
in GENERAL

when hepatic stimulation without pronounced catharsis is sought, the most efficient remedy to employ is

Chionia

Prompt and positive in its effect on the sluggish liver, Chionia may be relied upon to promote hepatic activity without purgation.

In EPILEPSY
ACUTE MANIA
DELIRIUM TREMENS
CHOREA and
NERVOUS DISEASES
in GENERAL

whenever the bromides are indicated the one preparation that presents the most advantages and the fewest drawbacks is

Peacock's BROMIDES

Safe, effective and thoroughly reliable, the painstaking physician can use this product with every confidence in the results he will obtain.

PEACOCK CHEMICAL CO., ST. LOUIS, MO.

Surgical and Rectal Diseases.

DR. B. G. HENNING,

Professor Theory and Practice of Medicine, Memphis Hospital Medical College.
Clinical Instructor in Diseases of the Rectum, Memphis Hospital Medical College.
Consulting Physician, St. Joseph's Hospital.
Surgeon to Rectal Department, St. Joseph's Hospital.
Surgeon to L. & N. R. R.

DR. MAX HENNING,

Demonstrator of Operative Surgery on Cadaver, Memphis Hospital Medical College.
Clinical Lecturer on Surgery, Memphis Hospital Medical College.
Clinical Lecturer on Diseases of Rectum, Memphis Hospital Medical College
Rectal Surgeon, East End Dispensary.
Surgeon to Lake View Traction Co.
Surgeon Rectal Dept., St. Joseph's Hospital.
Surgeon to Memphis City Hospital.
Surgeon to L. & N. R. R.

Are prepared to treat all Surgical and Rectal Diseases at St. Joseph's or City Hospitals, where every facility for operating and the after-treatment demanded by this class of patients is afforded. Physicians desiring to send cases away from home for treatment, may feel assured that the same will receive every necessary attention.

For particulars address

DRS. B. G. and MAX HENNING,

Long Distance Telephone 478. **922 Memphis Trust Bldg.**
MEMPHIS, TENN.

☞During the session of the Memphis Hospital Medical College, from November to April, all charity cases of surgical or rectal diseases will be treated free of charge —the patient paying his board, $15 per week.

PROFESSIONAL CARDS

Dr. Jno. L. Jelks

RECTAL AND GENERAL SURGERY
Tennessee Trust Bldg.
Hours: 10-1, 3-4. Sundays, 9-11 a.m.

Eugene Rosamond, A. B., M. D.

DISEASES OF CHILDREN
Byrd Building
Office Phone Main 578
Residence Phone Hem. 2501

Dr. P. H. Anderson

PHYSICIAN
Office Tennessee Trust Building
Office Phone Main 541
Residence Phone Hemlock 2266

Dr. J. L. Andrews

Rogers Building
Office Phone Main 79
Residence Phone Hem. 1643

Dr. W. L. Howard

DISEASES EYE, EAR, NOSE, THROAT
828-829 Exchange Building

Dr. E. E. Francis

GENERAL SURGERY
Goodwyn Institute. Hours: 11-12, 4-5
Long Distance { Office Phone, 11 Main / Res. Phone, 346 Walnut

DRS. LEWIS & NELSON

A. C. LEWIS, M. D. Res. Phone Main 278
R. B. NELSON, M. D. Res. Phone Hemlock 2249
PRACTICE LIMITED TO
EYE, EAR, NOSE AND THROAT
OFFICE PHONE MAIN 1150
Hours: 9 to 5 12th Floor Exchange Building MEMPHIS

Digitized by Google

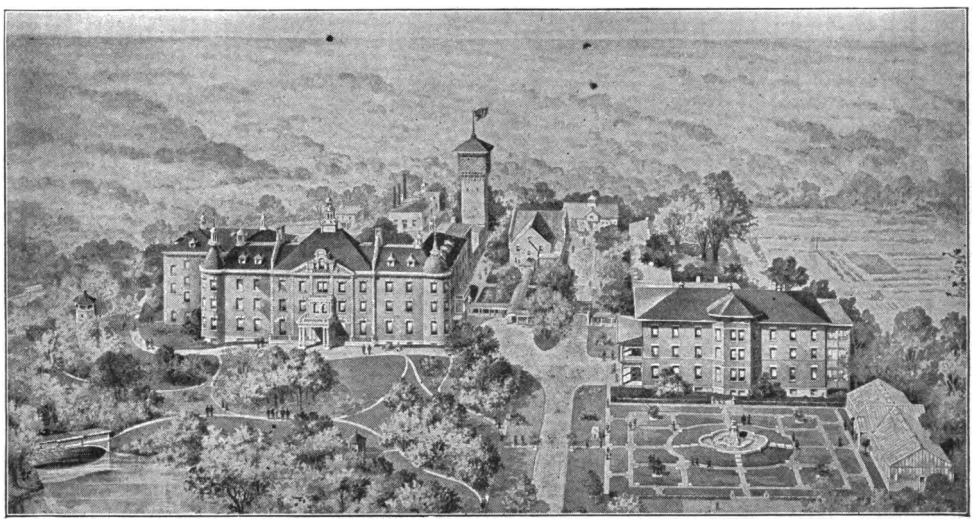
BEECHHURST

THE BARTON W. STONE SANITARIUM
LOUISVILLE, KY.

Nervous and Mild Mental Diseases, Drug Addictions and Alcoholism

Ample Buildings; Detached Apartments for special cases; Twenty-six acres wooded lawn, high and retired. Treatment such as commonly used in proper institutions of like character.

Physicians in Charge:
H. B. SCOTT, A.M., M.D., Medical Superintendent. **E. P. THOMAS,** Business Manager
Long Distance Phones: Cumberland East 257-A. Home 3565.



Incorporated 1873.

The Cincinnati Sanitarium

For Mental and Nervous Diseases.

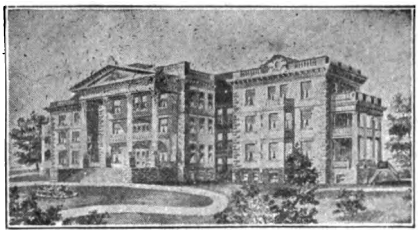
A strictly modern hospital, fully equipped for the scientific treatment of all nervous and mental affections. Situation retired and accessible.

For details, write for descriptive pamphlet.

F. W. Langdon, M.D., Medical Director; B. A. Williams, M.D., Resident Physician; Emerson A. North, M.D., Resident Physician; Georgia E. Finley, M.D., Medical Matron; H. P. Collins, Business Manager

BOX No. 4, COLLEGE HILL, CINCINNATI, OHIO.

Digitized by Google



WAUKESHA SPRINGS SANITARIUM

FOR THE CARE AND TREATMENT OF

Nervous Diseases

BUILDING ABSOLUTELY FIRE PROOF

BYRON M. CAPLES, M. D., Supt., WAUKESHA, WIS.

GLYCO-HEROIN (SMITH)

For
Coughs
Bronchitis
Phthisis
Whooping Cough
Pneumonia
Asthma

AN ABSOLUTELY STABLE AND UNIFORM PRODUCT THAT HAS GAINED WORLD-WIDE DISTINCTION THROUGH ITS DEPENDABLE THERAPEUTIC EFFECTS.

DOSAGE:

The adult dose of the preparation is one teaspoonful, repeated every two hours or at longer intervals, according to the requirements of the individual case.

For Children of ten or more years, from one-quarter to one-half teaspoonful.

For children of three or more years, from five to ten drops.

FOR SAMPLES AND LITERATURE, ADDRESS:
MARTIN H. SMITH CO., NEW YORK, N.Y. U.S.A.

Digitized by Google

There is but one

Tongaline

and all the Salicylic Acid in it is made from the Natural Oil and not from Coal Tar.

No Imitation
No Substitute
No extemporaneous Prescription
can possess the same beneficial properties or give the same satisfactory results as

Tongaline.

Samples and Literature on application.

Mellier Drug Company, St. Louis.

NEURILLA FOR NERVE DISORDERS **NEURILLA**

If Patient suffers from **THE BLUES** (Nerve Exhaustion), Nervous Insomnia, Nervous Headache, Irritability or General Nervousness, give four times a day one teaspoonful **NEURILLA**

In nervous fretfulness of teething Children give five to twenty drops.

DAD CHEMICAL COMPANY, NEW YORK AND PARIS.

Digitized by Google

DRS. BLACK & CULLINGS

Sixth Floor Exchange Bldg.
MEMPHIS

WILLIAM T. BLACK,
Surgery
and
Gynecology.

JESSE J. CULLINGS,
Internal Medicine,
Diagnosis,
Pathology,
X-Ray.

Prepared to care for patients in the various hospitals of the city.

LONG DISTANCE PHONES:

Residence: Hemlock 44. Office: Main 3282. Residence: Walnut 371

Dr. J. HUGH CARTER AND Dr. J. A. McDONALD

Residence Phone Hemlock 257 Residence Phone Main 3285

13th FLOOR OF TENNESSEE TRUST BUILDING

Surgery and Gynecology

Practice confined to GENITO-URINARY DISEASES. Cystoscopy, Ureteral Catheterization and Prostatic Diseases given special attention. Prepared to care for patients at the Baptist Memorial, St. Joseph's and other hospitals of the city.

LONG DISTANCE PHONE MAIN 3944

NEW ORLEANS POLYCLINIC

POST GRADUATE MEDICAL SCHOOL, TULANE UNIVERSITY OF LOUISIANA.

Twenty-seventh Annual Session Opens September 29, 1913, and Closes June 6, 1914.

Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work. For further information, address:

CHAS. CHASSAIGNAC, M. D., Dean,
NEW ORLEANS POLYCLINIC,
Post Office Drawer 261. NEW ORLEANS.

Tulane also offers highest class education leading to degrees in Medicine, Pharmacy, Dentistry, Hygiene and Tropical Medicine.

DR. J. F. HILL DR. W. LIKELY SIMPSON DR. ROBERT FAGIN

DRS. HILL, SIMPSON & FAGIN,

Practice Limited to Diseases of

Eye, Ear, Nose and Throat, including Bronchocopy

Office Phone Main 964. Suite 930 Exchange Building

Hours, 10 to 4 MEMPHIS

Digitized by Google

COUNT THE RED BLOOD CELLS

Both before and after treatment, if you want an accurate scientific proof of the effective blood-building power of

PEPTO-MANGAN (GUDE)

Watch the mucous membranes of eye and lip, if you want a positive clinical demonstration of its value as an oxygen-carrying, hemoglobin-producing, chalybeate tonic in Anemia, Chlorosis, or Blood Impoverishment from any cause. We will be glad to send you samples for practical experimentation, together with descriptive literature and reports of "blood counts" in a large number of carefully observed cases. Shall we do so?

In eleven ounce bottles only; never sold in bulk. Samples and literature on request.

83

M. J. BREITENBACH CO., NEW YORK, U.S.A.

PM

Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request

Digitized by Google

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

It is a saturated solution of boric acid, reinforced by the antiseptic properties of ozoniferous oils.

After the volatile constituents have evaporated, a film of boric acid remains evenly distributed upon the surfaces to which Listerine has been applied.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine is unirritating, even when applied to the most delicate tissues; in its full strength it does not coagulate serous albumen.

For those purposes wherein a poisonous or corrosive disinfectant can not be safely employed, Listerine is the most acceptable antiseptic for a physician's prescription.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect, either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to a teaspoonful.

In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine," 128 pages descriptive of the antiseptic, may be had upon application to the manufacturers,

LAMBERT PHARMACAL COMPANY

Locust and Twenty-first Streets ST. LOUIS, MISSOURI.

Digitized by Google

VOLUME 34 NUMBER 5

Memphis Medical Monthly

MEMPHIS, TENNESSEE MAY, 1914

ORIGINAL ARTICLES

THE PRESIDENT'S ADDRESS.*

Members of the West Tennessee Medical and Surgical Association, greeting:

You took me so completely by surprise in Jackson last year, when you elected me as your president, that I fear I did not thank you as graciously as I should have done.

I now wish to assure you how keenly I appreciated that evidence of your confidence, and that I will always treasure the memory of it as the greatest honor ever conferred upon me. To be chosen president of this Association, composed of highly educated men, meeting annually to clash intellectual swords in the field of scientific research, could hardly be interpreted other than a realization of the hope which I have always harbored in my heart—that my labors in behalf of this Association, from its incipiency to the present time, have been appreciated.

The majority of presidents who have preceded me have been much younger men than I, and have had their faces turned to the future. The old are prone to look backward, and I must confess that I have reached that age, to a certain extent.

*Delivered by Dr. James R. Carroll, at Union City, Tenn.

Digitized by Google

As such a large proportion of the members of this body has entered its ranks since its organization, and as you do not place any restriction upon the subject matter of the President's address, I have chosen as my theme, "The Relation That Exists Between the Regular Physician and the Specialist."

I shall first define the regular physician as I found him when I entered the work in 1874. In those days the family doctor was deemed competent to meet all the exigencies of life requiring medical aid. He was a physician, surgeon, obstetrician and oculist. He had the full confidence of the community at large and the especial confidence of every member of the families for whom he worked. It is true that, in those days as in these, we had so-called doctors, who did not measure up to the above description, but they were soon relegated where they belonged. It is said, then as now, that the ideal general practitioner was virile by virtue of his environment; he was self-reliant from his isolation; he was resourceful from necessity; he exalted common sense above fine theories; he dealt with all conditions and preserved a breadth of vision; he grasped general principles and, failing the finer technical knowledge of the specialist, was spared the distortion of his perspective; he knew his patient as a man and a friend, and not as a commodity; and he it was who exemplified best and most consistently that unselfish regard for others which glorifies medicine.

Throughout my paper I shall refer only to the representative doctors.

I will ask your indulgence while I give you a little of my own personal history in the study of medicine. My school days were days of war and pestilence. We had no schools or any opportunity to attend school from 1860 to 1865, as you older men well know. The devastation of this beautiful Southland of ours was such that it took the brain and muscle of us all for some years to readjust it to normal conditions.

On the other hand, commencing in 1873, I had the advantage of some of the finest teachers of medicine in the United States. I will mention a few of them: Drs. Gailard, ouchterlony; Kelly, the great anatomist; Goodman and the Yandalls

Digitized by Google

of Louisville, Drs. Briggs, Eve, Haggard, Maness, Nichols and others, of Nashville, Tenn.

When I left school I felt that I was competent to do any of the work assigned to the regular physician of my day, and I did it. Wherever I have practiced medicine for any length of time my work has been among the very best people, but I have neither ignored nor neglected the distressed poor wherever I found them. When I had a patient who needed the care or help of a specialist, I was glad to give him that advantage.

The question comes to me, has the regular physician and the specialist always co-operated? If not, why not? With all my reading and observation I have not been able to see why there should not be a perfect co-operation between the specialist and the family doctor. I assure you that I have always found the specialist my friend and co-worker. I believe I have had as many patients under the care of the different specialists as any man in the regular practice of medicine in Tennessee.

It has been asserted by persons who have not taken the trouble to reflect, that specialism has a warping effect upon a man, whereas as a matter of fact, my observation has taught me quite the contrary. Through its tendency to discipline and develop the mind, it has a most broadening influence. Truly the greatest specialists of the day are the broadest men. I believe the apparent dissatisfaction of which we read in the many journals, coming from the regular physician, usually emanates from men who have not been studious and watchful of the rapid progress of medicine and kept themselves up with the times.

I believe that students of medicine and specialists are really in full co-operation. I say, without the least hesitation, that I give the special workers, the laboratory men and the specialist, the honor due them of belonging to the advance guard of progressive medicine. I have thought for many years that it would be of great advantage to any young man, before taking up any special line, to engage in the regular practice of medicine for several years. To practice a specialty with wisdom, skill and success he should acquire familiarity with the mani-

Digitized by Google

festations of disease. It is silly to deny the necessity of general training, general practice and an intimate association of every phase of disease. By this means, I speak from experience, he would learn to depend more upon nature's healing power and believe less in so much surgical interference.

At times it becomes so absolutely necessary to operate under circumstances the most unfavorable and unsanitary. I will give you a short resume of the experience of a surgical practice in the country from the 70's to the 80's, when we did not have the advantage of local hospitals or the same facilities for procuring city consultants as we now have.

Though the surgical technique was crude, the results were excellent. In the early 70's we were untrammeled by the demands of the antiseptic and aseptic germ theorists, that were soon to captivate our profession. On entering a room to prepare for an operation, no thought was given to cleaning the room, to say nothing of sterilization. The kitchen was usually chosen, and over its table an old quilt was thrown. Hot and cold water was freely employed to clean sponges and to wash away blood. Both were mixed to an agreeable temperature, but the water was never heated to a sterilizing point, being used just as it was drawn from the well or brought from the spring. No preparation was given the instruments before placing them upon a chair, bench or table beside the operator. The needles, as many as possible, were threaded in advance and stuck in the lapel of the surgeon's coat. Bandages and practically all other dressings to be employed during and after the operation were prepared in the house, and were never disinfected in any way. No sterilizer was employed, and sheets, towels and the like were simply laundered.

Strange to say, but nevertheless true, the mortality was not great, even when compared with our present improved methods.

I shall not longer dwell upon these obsolete methods, but direct your thoughts to later and better facilities. It would be a marvelous story to enumerate the many changes that have taken place in our profession, those effecting, to a greater or less extent, the healing of the sick and the care of the

Digitized by Google

wounded, and all kindred subjects, which are everyday companions of the doctor. The time was when his skill and learning were in keeping with his equipment, very crude, simple and inefficient.

Our profession has now reached that stage when it can do such astonishing feats as would seem incredible, such as the grafting or transplanting of tissue, organs, or members of one human being upon or into another, is just being initiated.

The real awakening of surgery through the method of antiseptics, developed by Lister and afterward modified and changed into the aseptic technique, which prevents development of germs, instead of murdering them after they have entered the surface affected, challenges our admiration. Such as this has made it possible to have such men as the Murphys, the Mayos and others, who are doing such marvelous operations each day.

The typhoid perforation is easily discovered and then removed through a laparotomy. Not many years ago this was one contributory cause of so many deaths from fever cases.

Among the wonderful improvements are the x-ray, the uses of electricity and radium, which has been conceded to be a remedy par excellence for the deadliest of all maladies—cancer; the rays are useful in so many things, such as skin diseases, all lines of surgery, the location of gall stones, alignment of broken bones, etc. Electricity is so convenient for the specialist in his investigations.

All classes, including the general practitioner, have made wonderful advancements. Our forefathers and some of the older leaders of today once used the simplest of all diagnostic aids, principally the five senses. They had no stethoscopes and such improved aids which enlighten the entire work, and whose importance cannot be overestimated, because these open the secrets of nature, which scientists have so fervently sought for centuries.

One of the latest diagnostic instruments is the sphygmotonometer, whose duty it is to record the blood pressure, and by so doing forecast various disorders, and thus act as a life saver by giving sufficient warning of dangerous maladies and

Digitized by Google

abnormal conditions which lurk in the walls of the blood vessels.

We have many valuable lines of treatment. Jenner's vaccine, which came to light in 1796, has been the means of saving thousands of lives and, by its use, smallpox, to a great degree, has lost its high rate of mortality.

Diphtheria antitoxin has been another agent which deserves favorable and lasting commendation, for it has been the children's salvation and protector. It is said if the patient receives the treatment in time he is always saved. In the same classification with such remedies we mention anti-typhoid vaccine, whose merit has been established fully and due trial given it by the United States army surgeons, who have tested it out among our soldiers and demonstrated its efficiency to all concerned.

The serums have not done for us what we expected; some are good and others bad, and some are real dangerous. Our older brethren and many of the younger ones, who have fought so earnestly and so persistently the loathsome enemy of mankind—syphilis—are pleased to change from the old treatment to the new, instead of the long, uncertain three years of mercury, iodides, baths and inunctions. All now use 606, or neosalvarsan, with the quickest and best results.

Now the question arises, after giving this brief synopsis of the already written history of medicine and surgery, did the specialist do all this progressive work alone? The answer is emphatically, no! From the very beginning the regular physician has always been progressive. Be it remembered that the specialist, as we know him today, has not been in business but little more than thirty years. The facts are that to every nation, every state, every community, and to every progressive doctor belongs the honor. Every one that did or said the least thing at the right time or place to make the proper impression was equal to the greatest, according to his ability.

Before the days of specialism, as it now exists, the profession stood together for the right. Has it changed? I am glad indeed to say that it has not. When I read where one of our great surgeons, in a recent address in Boston, speaking of the

Digitized by Google

general practitioner, said something like "good riddance." I was surprised and very much disappointed indeed that such an expression should come from such a great mind. On second thought I was perfectly satisfied that he could have only intended the remark to apply to the physician who did not keep up with the profession.

It is perfectly true that a certain type of general practitioner is passing. The man who does an incredibly large amount of work in a slipshod manner cannot stem the tide of progression; he is being supplanted by a new type of general practitioner, by a better trained man, who does his general work in a careful, deliberate, skillful and an adequate manner.

Will you listen to what that grand surgeon of America, John B. Murphy, was brave enough to say relative to internal medicine before the great meeting of surgeons in Chicago last year? He said:

"If you were to ask me whether if I were to start in to study medicine today, I should take medicine or surgery, I should tell you without hesitation that I should start in internal medicine. The advancement of internal medicine in the next quarter of a century will be enormously greater than that in surgery. Internal medicine has enormously more possibilities than surgery has. It is internal medicine that goes into details, makes a careful examination and analyzes and endeavors to arrive at a diagnosis."

Significant and prophetic words, indeed, especially as uttered before a congress of surgeons. This outlook for internal medicine and this frank acknowledgment of it from one of the high priests in the temple of surgery, ought to be a source of great inspiration and encouragement to the physician who, for years, has been passively accustomed to see the honors and the golden rewards of the profession flow steadily into the coffers of the surgeon. He may hope, in a very short time, to share at least equally in these distinctions and emoluments.

It is no extravagance whatever, we believe, to predict that by the time the generation of men who are now in their earlier years of studentship comes into the prime of their professional careers, the tide will have turned into the opposite direction

Digitized by Google

altogether and the regular physician will rank, both in prestige and remuneration, with the surgeon.

So, gentlemen, you can readily see that there should be no division in the medical profession. It takes organization and co-operation to achieve results in anything. As a proof of this assertion, during the dark ages organization was totally unknown. Every man fought a single-handed fight. Enterprise dwindled, progress languished, and men were filled with fear and doubt. From the year 300 to the year 1300, the world did not produce a single man of genius, not a poet, a navigator or an orator; this for the simple reason that men are strong only when they stand together.

We are a part and particle of one another. Alone, a man is a leaf in a storm, and the same applies to us. In this day of advanced practice of medicine and the educational advantages of the physician, it is a shame for any doctor to have to send the urine, the blood or any of the secretions or excretions to be examined by the specialist, as we older physicians had to do.

Indeed, the public is making just demands on the regular profession as never before, and is demanding surgeons who will have the honesty of the old surgeon of thirty years ago and the skill and dexterity that only hospital training will give. Not many years since infirmaries and sanitariums were unknown, but today they are found in almost every town, and the regular physician is doing almost the work of his city brother.

I am a member of the American Medical Association, the Association of Surgeons of the Southern Railway, the Southern Association and the Tennessee State Association, and in conclusion, gentlemen of the West Tennessee Medical and Surgical Association, from my viewpoint, after many years' association with you, and knowing that this body is composed of representatives of every class of our profession, from the hard, everyday worker—the country doctor—to the teachers and laboratory men of the cities, I am convinced that there is not a grander body of men in existence; grand as citizens, speaking from a general viewpoint; grand in your chosen work, not

Digitized by Google

merely from the standpoint of dollars and cents, but as carriers of sunshine and comfort into many homes, where comfort is otherwise unknown, without any possible expectancy or hope of financial reward; grand in your untiring endeavors to bring forth measures that are newer and better than those that have preceded for the accomplishment of comfort to those in distress; grand in that as a rule, your effort is applied to every measure advanced for the betterment of the communities in which your lot is cast, even to the sacrifice of health, means and comfort. This is a true expression of my feelings. My association with you for many years has led me to know that every one of you is more or less conservative, still optimistic whenever possible, ever turning the dark side to the light and bringing the disease-conquering and trouble-disseminating sunshine into the gloomy shadows of every one's pathway.

I want to say to the Secretary of this Association, the one who was the prime mover in the Association's organization, that you erected a perpetual, living monument to yourself, and whenever the West Tennessee Medical and Surgical Association is mentioned, your name and work will ever be remembered.

Henderson, Tenn.

AN ADDRESS OF WELCOME.*

C. W. MILES, M.D.
UNION CITY, TENN.

Mr. President and Gentlemen of the West Tennessee Medical and Surgical Association,

Through a most generous impulse on the part of your Committee of Arrangements, I have been awarded the distinguished honor of greeting you as fit representatives of the noblest and most profoundly learned profession on earth, and to welcome you to our little city and its hospitality.

What inspiration led to my selection I know not, for, lacking, as I do, that readiness which one of our greatest philoso-

*Delivered before the West Tennessee Medical and Surgical Association.

Digitized by Google

phers laid down as essential to a successful public speaker, I can never hope to attain to an eloquence such as would befit an occasion like the present. I have often deplored this defect in my mental make-up, but in such moments I have found some small grains of comfort in a story I have read of a certain English bishop who, while traveling in a third class coach, had for a companion a man who not only swore habitually, but with a volubility that at times was actually picturesque. At last the horrified bishop could stand it no longer, and turning to the man in his righteous indignation, he exclaimed: "My dear man, where on earth did you learn to swear so outrageously?" To which he replied: "I did not learn it, sir. It's a gift." And so, gentlemen, when I shall have concluded the few desultory remarks I shall address you on the present occasion, I shall find some slight consolation in the reflection that eloquence cannot be learned; it is a gift. Nay, I shall forget all my failure to measure up to your generous expectations in the remembrance of the high honor that my brethren have so kindly conferred upon me and for which I am so deeply thankful.

Sometimes I have wondered why it should be deemed at all necessary to indulge in the formality of welcoming visiting physicians on occasions like this. You are of the same household of faith; you are a part of one great family; you are possessed of like loves, like hopes, like ambitions, and having "wedded Truth for her own sweet sake," you seek the same ends and worship the same God. Hence, like the language in which you write your prescriptions, you should be known of all men and welcomed everywhere. Strictly speaking, the science and art of medicine differs in its development from all other sciences.

Our present splendid system of legal jurisprudence, both civil and criminal, owing, in the main, its earliest conceptions to that great English king, Edward I., has attained to its present proportions as the result of a long and tedious process of elaboration. Year after year and century after century it has been added to as human experience and observation pointed the way, until today it stands as the fit product of all the ages.

Digitized by Google

The science of astronomy, that most beautiful and inspiring of all human investigation, owed its beginning to the astrological mountebank, whose sole thought was to win his bread by drawing necromantic horoscopes for the credulous. It has grown and been added to by successive discoveries until, by means of that wonderful discovery called spectral analysis, we have been enabled to delineate on a white canvas the very constituent elements of stars, whose distances are not only immeasurable, but even of some that human eyes have not yet seen.

Architecture, beginning in man's primitive existence, when only a stone or branches broken from a tree afforded him a shelter, improved on to a certain degree by the earlier Egyptians, developed into a thing of beauty by the Greeks, and later added to and brought to a wonderful perfection by the Romans and practically developed into a perfected science in the Renaissance, is the end to centuries of elaboration.

Even our conception of God and our duties to Him have been and will continue to be subject to change with greater enlightenment and consequent higher conceptions of His infinite goodness, for, while God is God, without beginning and without ending, still no student will for one moment contend that, measured by human ideals, the God of Moses is the God of today.

The science of medicine, however, has, in many respects, a far different history. The cold and calculating hand of the iconoclast has marked its course with many a ruined monument, erected and dedicated to Truth, later to be weighed and found wanting, and destroyed. I can but liken its past to the successive building of the cities of ancient Egypt.

As one crumbled and decayed under the blighting influence of time, it was succeeded and built upon through the ages by later and better, and these in turn falling into decay, until their superimposed ruins have become monuments, in whose depths the inquisitive archæologist uncovers their history. And so, too, have theories and practices of medicine been builded and developed, not to stand until some later genius came upon the stage of action and added a new annex to that which had

Digitized by Google

already been erected, but to undermine it with a newer and more plausible theory until, like tottering empires, it crumbled and fell of its own weight. But at last you have builded a structure beautiful in its proportions and magnificent in its dimensions, with demonstrated truth for its foundation, that shall stand through all the ages; and its builders, the ever-patient, earnest and self-sacrificing physician, stands upon its walls, just a little below the angels. He has attained to a mentality such as all the precepts of Bacon combined into one sentence would fail to lift him to a higher plane; and to go further, to reach any higher achievement, he must forsake the beaten paths of knowledge and culture and even invade those realms of inspiration and creative power and genius, whose strange mysteries passes the understanding of him who possesses them. In other words, it is an analytic and synthetic wisdom which may not be taught to another, but is attained to only by the inspiration of individual genius—that gift the Infinite One to him only who is willing to "labor and to wait."

Some poet has said, "Youth is the theme of a book unread, and age is a dream of a day that is dead." And so while you who are younger and to whom Hope still sings that sweet song: "Tomorrow shall be as this day, and much more abundant," and while you listen to its enchanting strains and accord with all your heart, seeing visions the while of future success, it would delight me beyond measure, standing here as I do, at the self-elected close of my professional life, and noting as I do, life's lengthening shadows, long since falling behind, and impressed as I am that it shall never again be given me to address a like assemblage, to indulge myself in dreams "of a day that is dead." It would delight me to go back to the day of the "glory that was Greece," to the day when Plato, the wisest of his time, recommended music for the healing of broken bones, and to discuss with you the wonderful progress of both medicine and surgery. To ponder with you over the dreams of the alchemist in his wild, senseless search for a universal solvent, for the philosopher's stone, and a formula for the transmutation of metals. It would delight me to review with you that divinest of all conceptions of the medical

Digitized by Google

mind, "Preventive Medicine," beginning with the earliest dawn of human existence, when as so happily put by some writer, some anxious mother, seeing her child about to swallow a green berry, commanded it "to spit it out," and ending with the present day practice of immunization of inoculation. What would be the surprise and wonder of those who went before us and blazed the way of glory, if they could but be aroused from that slumber that is so strangely long and silent and behold the miracles of modern medicine and surgery? I have wondered what thoughts and reflections possessed the mind of the immortal Lister in the midst of his first antiseptic surgical operation.

I have wondered what dreams his fancy painted in rainbow tints on the changing clouds of antiseptic mist that surrounds and blurred the field of operation. Since then, how the changes have followed each other like wind-driven waves at sea. I have myself seen a day when 50 per cent. of all laparotomies ended fatally, and that, too, when only the simplest were considered operable. I recall a day in the city of Louisville, where I took my elementary medicine, when out of twelve ovariotomies performed, only one had survived the surgeon's uncleaned hands. Washington Irving, in his delightful book, "The Knickerbockers," after making mention of the frequent trips of Gov. Peter Stuyvesant to Connecticut, on which occasions he was always accompanied by young Anthony Van Corlear, who acted both as a bodyguard and trumpeter to announce the approach of the governor to the villages that lined the route, says that years after both were dead an interested traveler might have very readily traced the road they traveled by the children along the highway whose features suggested the paternity of the young trumpeter. So, too, were I sufficiently uncharitable, could I take you to some country graveyards and trace on weatherbeaten and mildewed marble the route traveled and even the dates thereof, of more than one well-meaning physician as he unwittingly spread that "bete noir" of all medical men, puerperal fever, from house to house, until an ignorant but nonetheless outraged public sentiment,

Digitized by Google

or possibly his own conscience, drove him out of that special field of labor.

A story used to be told in the city of Paris of a visit of that great English surgeon, Sir Astley Cooper, on which occasion he was the guest of a surgeon of the empire of no little renown himself. Naming a certain surgical operation, the Frenchman asked Sir Astley how many times he had done the operation, to which he replied, "Thirteen times, with eleven recoveries." The French surgeon in response told Sir Astley that he had done the operation one hundred and sixty times, and when pressed for an answer as to the number of recoveries, answered that there had been none, "but, oh Monsieur, they were all so very brilliante." I have seen an assistant stand by with watch in hand while a most distinguished New York surgeon did a thigh amputation "against time" before an admiring class of undergraduates, very much as Dan Patch paced his mile in 1.56, and I have lived to see amputations in general grow so very vulgar as that the least pretentious among us hesitated to confess to having been driven to such an alternative. A military chaplain during our civil war tells the following story, the truth of which he vouches for: An applicant for assignment to duty as an ambulance driver, when asked by the examiner to outline the proper management and disposition of the wounded on the battlefield, replied: "If the soldier is shot here (pointing to the abdomen) knock him in the head with the butt of a musket—all others deliver as promptly as possible to the field hospital."

And, gentlemen, candor compels me to confess, in the language of Ulysses of old, that at least to a degree, "I am a part of all I have met." I have turned back a few of the leaves of memory, not to awake in you a feeling of regret over our past errors, but to cheer you on to further and greater efforts, by showing you what Time hath wrought—

> "Time, the beautifier of the Dead,
> Adorner of the ruin, comforter
> And only healer when the heart hath bled.
> Time, the corrector where our judgments err,
> The test of truth, love, and sole philosopher."

Digitized by Google

And lastly, still taking advantage of a self-assumed privilege, and at the risk of becoming tedious, I want to congratulate you in that the seeker after the truths of medicine, if he delves deep enough, will invitably find God. Indeed, I venture the assertion that he who has not done so has studied poorly and unprofitably. "Ubi tres medici, duo athei"—"Where there are three physicians, there are two atheists"—once went unchallenged, but the very ignorance that I have depicted of past practices also blinded them from the Great First Cause. Forty years ago there was engraved over a professor's chair in the French School of Medicine in Paris this motto: "Je le pensay, at Dieu le guarit"—"I dressed his wound; God healed it." It is the language of the immortal Ambroise Pare. He is the same God whom Galen, the Greek physician of two thousand years ago, designated the "Divine Framer." In one of the beautiful dramas of that great and accomplished Greek poet, Ion, written five hundred years before Christ, the story is told of a Greek boy who was to be sacrificed to appease the wrath of the gods. Just before he was to give up his life he was approached by his sweetheart, who asked him if he thought they would meet again. In answer he said: "I have asked that dreadful question of the hills that look eternal—of the clear streams that flow forever—of the stars among whose fields of azure my raised spirit has walked in glory. All have been dumb; but as I gaze on thy living face, I feel that there is something in the love that mantles through its beauty that cannot wholly perish. We shall meet again." Who has not found Him in the face of a pure woman? I have found Him in the field of a microscope in the still hours of the night when alone in an unknown city, among an unknown race. I have found Him in the healing of wounds, both of the flesh and of bones. I have found Him in the contracted ends of bleeding arteries, and in the fibrin of the blood that had been wasted. I have found Him in the line of demarkation between the living flesh and the dead. I have found Him in the sequestrated bone as slowly it is separated and driven from its resting place. I have found Him in the protecting wall that is thrown around a suppurative appendi-

Digitized by Google

citis. And lastly and above all else, I have found Him in that greatest of all cures, Death, as He lays His hand upon the troubled heart and stills it forever. But I am reminded that I am not here in the capacity of a historian or a moralist, but rather to welcome you as most honored and acceptable guests. And in this I deserve your deepest commiseration; for, realizing, as I did, the inadequacy of all things that are commonplace, I have not only racked my own brain, but have sought the shades of the dead for a sentiment such as would be a fitting expression of the great pleasure it gives us to have you with us.

I greet you as worthy members of a pure and most honorable nobility. Not of that nobility whose shields bear the heraldic blazonry of monarchs whom they have served and perpetuated at the expense of human liberty, but of that whose armor has been bent and battered in an unselfish struggle for the relief of human suffering. For you, and such as you, I give this sentiment: There is fortune too great for you; no happiness too pure for you; no life too long for you; and no heaven too true for you.

"A general welcome salutes ye all; this day we
dedicate to fair content and you; none here, we hope
In all this noble company, has brought with him
One care abroad; we would have all as merry
As first good company, good wine and good welcome
Can make good people."

RESPONSE TO THE ADDRESS OF WELCOME.*

I. A. McSWAIN, M.D.
PARIS, TENN.

MR. PRESIDENT AND GENTLEMEN—I would beg the privilege to add to the very appropriate response of Dr. Bell to the welcome address of Dr. Miles, which for classic elegance I have rarely heard equaled, and never surpassed. Mr. dear friend

*Delivered before the West Tennessee Medical and Surgical Association by Dr. Charles W. Miles, at Union City, Tenn., May 14, 1914.

Digitized by Google

Dr. Miles prefaced his remarks by stating his want of capacity and his natural defects of eloquence, which he said was a gift which he had often coveted, but did not possess. It is perfectly apparent to you all that the doctor is an orator to the "manor born." Had I been present at his birth and heard his first outcry I should have been thrilled at the music of his voice.

Gentlemen, I am free to say that when I arrived at this place of meeting early this morning, I was chilled with the cold, damp atmosphere of this large auditorium, and suggested to the management the necessity of a fire, which, owing to some conditions, the committee could not provide. Then after the Association was opened and the scientific proceedings had been begun Dr. Glover presented a paper on the subject of "Milk Sickness." As the doctor proceeded with the reading of his able production I could imagine the somber surroundings of the locality in which this dread disease lurked, and from which it infected the cattle and other animals which chanced to come within the radious of the focus of infection. I could hear the dismal croaking of the frogs, the screech of the night hawk, the hoot of the owl, as these birds of prey seated on the skeleton limbs of the surrounding dead and decaying trees adjacent to the stagnant scum covered ponds of foul and infected water. I could see the round red outline of the sun obscured by a dense fog that hung like a pall over this dark and damp valley and shadow of death.

Faintly outlined near a foul, stagnant pond, and at the edge of an old field, I could imagine a rude cabin built of logs, the stick chimney of which had parted company with the hut and was being supported by a cypress pole to keep it from falling with a splash into the muddy pond. In the distance I could hear the muffled oars of the boatman of the "River Stix" as he was slowly returning from Hades for another load. Overhead I beheld the slow flapping wings of vultures seeking their food of the carcasses of dead cattle, horses and cats. I heard Dr. Glover's description of the symptoms of the terrible poison as it preyed on the vitals of men, women and children; the pallor of countenance, the awful nausea, the prostration, the

Digitized by Google

wild delirium and the ghastly and speedy dissolution of the unfortunate victim. I could stand it no longer. The chill air of the room, together with the vivid description of the disease and its ravages, and the associated reflections, chilled me to the very marrow. I hastened out into the sunshine to enjoy its genial warmth and get a breath of the outside balmy spring air. In a few moments I returned to hear the discussion on Dr. Glover's paper on this subtle malady. Among others, I was struck with the remarks of Dr. Litton, who was quite familiar with the disease and its treatment, and it was apparent that his opinions were entitled to great weight as an authority in the management of the trouble. He recommended whisky in large doses of from one to four quarts, and if so used the patients would recover, but without it would die, for it was the only hope.

After all this I wished for a train back home, but none was to be had at that hour, so I tried to endure that which was at the time unavoidable.

But, gentlemen, since hearing Dr. Miles' most eloquent and hearty address of welcome, which has thrilled all of our hearts, I feel perfectly warm through and through, and I know I but voice the sentiments of this Association in our expressions of a deep-felt appreciation for this genial welcome to your city. The pleasure to me personally has been enhanced many fold by meeting with my longtime friend, Dr. Miles. I now feel that were it not for sundry ties of family and business, I should like to spend weeks and even months in Union City, and should even enjoy a visit to the town of Hornbeak and thence take a look at the grounds whence emanated the direful scourge of milk sickness, for my powers of resistance are now so well established by the genial welcome of your handsome mayor, and Dr. Miles, together with the sincere attention of the physicians of your county, that I can now look upon this section as the Eldorado of West Tennessee, without dread of the disease of milk sickness, nor do I feel that I should need the gallon of liquor as a preventive.

Digitized by Google

PNEUMONIA.

FLETCHER WILSON GALLOWAY, M.D.
FLORA, ALA.

Member of the Medical Association of the State of Alabama.

Before attempting to discuss a subject so important as pneumonia, may I apologize to this intelligent body for my incompetency to deal with a subject so vital?

Pneumonia is as old as the human race. It has been studied by the most scientific physicians through all ages, new theories have become old and have been discarded. At present we are searching as never before for a solution of this fatal malady which claims as victims in the United States alone each year 126,317 persons, a mortality to population of 12.6 per cent.

In this age of progress there has dawned upon us a new era in medical science, therefore it would be easier to condemn than to discuss any treatment, as skill in the treatment is in its infancy.

To enter into an elaborate discussion of the pathology would be folly and a waste of time. Beyond controversy, the pneumococcus, streptococcus and staphylococcus invade the lung tissue and the malady is manifest. It is also beyond controversy that sudden changes in temperature furnish a fertile soil, the seasons most favorable being winter and early spring.

Pneumonia is not preventable, as many other diseases, such as typhoid fever, smallpox, diphtheria and other infectious diseases, but regardless of research, theory and progress in medical science, it claims its high record of mortality. However, the mortality is slightly declining, but not in proportion to many other diseases.

In search of a specific, great minds have differed, great minds have become confused with their own ideas, which prompts us to quote the well known Osler, who says: "He is the best doctor who knows the worthlessness of most medicines."

There is no disease which responds to treatment so poorly as pneumonia. It is self-limited, and we all look forward with much anxiety for the crisis.

Digitized by Google

One treatment in a number of cases will give good results; the same treatment in an equal number of other cases will give bad results, and regardless of any treatment, the majority of cases take a limited course, therefore it is bad judgment to treat all cases alike. Let your treatment be expectant, I might say; treat the patient, and not the disease.

To determine accurately as possible the progress that is being made in the treatment of pneumonia, I have collected statistics embracing the registration area by States from 1901 to 1912.

The registration area includes about two-thirds of the population of the United States, the majority of the Southern States being left out.

The States included in the registration area for 1912 are:

California	Montana
Colorado	New Hampshire
Connecticut	New Jersey
Indiana	New York
Kentucky	North Carolina
Maine	Ohio
Maryland	Pennsylvania
Massachusetts	Rhode Island
Michigan	Utah
Minnesota	Vermont
Missouri	Washington

Wisconsin

The death rate of the registration area can be compared only in a general way, because they do not relate to the same aggregate of population.

The registration area for deaths consists of those States in which the laws for the registration of deaths are of such character and so enforced by the States authorities as to warrant the inclusion of the returns in the census reports on mortality statistics.

Certain cities in so-called non-registration States are also included, registration in which is conducted for the most part under local ordinances, therefore taking the registration area as the most accurate record by which to arrive at a conclu-

Digitized by Google

sion, we are able to show whether the number of deaths to population is increasing or decreasing.

The death rate to each 1,000,000 population in the years:

1901 were 161.4 per cent.	1907 were 156.5 per cent.
1902 were 155.7 per cent.	1908 were 130.9 per cent.
1903 were 155.1 per cent.	1909 were 137.6 per cent.
1904 were 171.4 per cent.	1910 were 147.7 per cent.
1905 were 148.8 per cent.	1911 were 133.7 per cent.
1906 were 145.5 per cent.	1912 were 132.2 per cent.

In the years 1901 to 1906, inclusive, there were 937.9 per cent. of deaths. In the years 1907 to 1912, inclusive, there were 838.6 per cent. of deaths, a difference of 99.3 per cent. or a percentage of 000.99.3 per cent. decline in the latter six years over the former six.

I have also collected statistics from the public health service, which shows in the years 1904 to 1908, inclusive, there were treated 1,036 cases, with 196 deaths, a mortality of 19.11 per cent.

In the years 1909 to 1913, inclusive, there were treated 830 cases, with 184 deaths, a mortality of 22.1 per cent., an increase in mortality of 3 per cent. the latter five years over the former five.

Therefore, the above data from the census bureau is conclusive that the mortality to population in the latter six years over the former six have reduced 99.3 per cent. per each 100,000 population.

Data from the public health service is conclusive that the mortality in the number of cases treated the latter five years over the former five have increased 3 per cent.

Using the registration area as a basis for computation for non-registration States, we have shown that the mortality to population is slightly declining.

Using the public health service as a basis for computation in the number of cases treated, we have shown the mortality in the latter five years has increased 3 per cent. over the former five years.

I am inclined to believe if we had statistics from all the rural districts the mortality would fall below the above. Statistics

Digitized by Google

show that in all cities the mortality is greater than in the rural districts.

The registration States as a whole show a rate of mortality slightly lower than of the registration area for each year and periods given in the table, the figures for 1912 being 13.6 per cent. per 1,000 population.

The rural portion of the registration States uniformly show a lower death rate than the urban. The urban rate for 1912, which was the lowest on record, was 14.7 per cent., a decrease of 2.7 per cent., or 15.5 per cent. from the rate shown for the five-year period 1901 to 1906, while the rural rate fell from 14.1 per cent. to 12.4 per cent., a reduction of 1.7 per cent., or 12.1 per cent.

I would not consider this paper complete without a resume as to technique in prophylactics and environments. The chamber should be as well ventilated as if in the open. If ventilation in a room is inadequate, remove to a well-ventilated place.

Isolate, give general baths, change gown and bed linen each twenty-four hours, boil linen at once and disinfect water in which patient was bathed before disposal. Disinfect all bowel contents and sputum before leaving the chamber. View the surroundings, then cope with the situation.

Some cases are surrounded with intelligence, others with ignorance; some are able to employ a trained nurse, others are not; some are in cities, others in the country; some must have friends in the chamber, others are prevented; some will carry out instructions, others will not; some will take baths and regard prophylactics, others will not; some will open up the chamber allowing fresh air, others will close it; therefore, each community presents a separate aspect.

Patient should be kept cheerful under any and all circumstances. In the majority of cases the physician is not called until the disease is well developed.

In pneumonia, each physician has views peculiar to himself, therefore I shall offer no treatment. I have exhausted my own skill to find each an individual case. The most important of all things is fresh air. Let the patient have it day

Digitized by Google

and night, regardless of temperature or moisture. A well regulated temperature is best. However, in some cases this is impossible. Fresh air is more beneficial than oxygen from a tube, therefore we cannot supply nature's great gift, "oxygen," to a patient in a room suffering from deprivation as nature itself presents it.

Keep the glandular system wide open during the entire course; keep the heart pumping with force sufficient to receive the maximum of oxygen.

There are three principles involved in this fatal malady. First of all, give fresh air; second, keep the glandular system wide open; third, keep the heart pumping, thereby absorbing oxygen, and feeding the patient with the most vital of all foods.

Give oxygen, give purgatives, give cardiac stimulants, and you will not have toxemia, you will not have delirium, you will not have high temperature.

In connection with the above administer such agencies as will absorb and eliminate the inflammatory product, thereby preventing the blocking of the air spaces and consolidation. Let the blood shoot through every channel with least resistance possible.

Keep the glandular system open, keep the lungs open, keep the heart beating with maximum force, and the percentage of blood letting will be reduced to a minimum.

At the beginning, if you allow the glandular system to become locked within four or five days, blood letting becomes a curative factor, thereby replacing poisoned blood with a saline solution.

Use cold water or ice in some form to reduce temperature. Often an ice bag over the affected lung will reduce the temperature and relieve pain almost instantly, thereby serving a double purpose. Through the entire course do not hesitate to bathe and apply ice to the affected lung, as conditions indicate. At least, give one general bath each twenty-four hours.

In children and some adults it is impossible to bathe in cold water or apply ice. In these cases other agencies may be used

Digitized by Google

to meet the fancy of the attendants and the discretion of the physician.

In a few cases high temperature will do more harm, especially if delirious from temperature, than an antipyretic. This agency may be used where no other is expedient. Do not under any circumstances depress the heart.

Bathing and friction stimulates the heart and nervous system, increasing oxidation. Agencies which depress the heart prevent oxidation, thereby increasing toxemia and doing harm.

Give light but nourishing food. Do not load the stomach. With plenty of oxygen, the red blood corpuscles are nourished and retain their proportion. With cardiac stimulants the red blood corpuscles are carried to the lung for the reception of oxygen. With free purgation the glandular system is kept open, thereby relieving heart strain and preventing dilatation, which is so often the case, also facilitating the elimination of toxins.

With ice over the affected lung, inflammation is reduced. With cold baths, the nervous system is stimulated, thereby relieving or preventing delirium. Agencies which absorb or eliminate the inflammatory product present a clean surface, thereby allowing a free flow of blood to the lung. Begin agencies which cleanse the lung at the early part of the second stage and continue through the attack.

If the above measures are carried out, with good nursing, few cases will suffer from a consolidated lung, nor will it be necessary to perform blood letting or the administration of a saline solution.

With serums we have good and bad results. If the microscopical findings reveal only the pneumococcus, serum will serve you well. However, in the majority of cases, especially broncho-pneumonia, streptococcus and staphylococcus are present. In this event a multivalent serum should be used.

It is very essential, when using serums, to make a microscopical examination every twenty-four hours. In the beginning you may have a single infection, and as the disease progresses other germs may invade the same field, therefore, watch your patient carefully, or you may be misled, and

Digitized by Google

regardless of the amount of serum administered the patient may suffer for lack of proper treatment. My experience with serums has been equally as unsatisfactory as with medication. In all forms of treatment watch patient closely, and meet any and all indications without delay.

With serums, as in other forms of treatment, let patient have fresh air.

May I relate a case which recovered under the most unfavorable conditions, as I thought, at the time?

Adult, 24 years old, on a second floor in a room with no fire, cracks over the entire wall were large, admitting plenty of fresh air, the same as if in the open. Rain blew through these cracks and ran down the wall and over the floor, which kept the room wet and damp during the entire attack. No heat was in the room, except a small lamp at night.

At the time the temperature was low; slight snow and sleet fell during the period. This condition of the atmosphere existed from the beginning of the attack until the sixth day. Patient was kept well protected with blankets, with a bag of ice over the affected lung when temperature would go high. He received heroic purgation through the entire attack with mercury, and received infusion of digitalis sufficient to keep the heart pumping with great force. He received five grains carbonate of ammonia in one dram saturated solution potassium bicarbonate every two hours. He received syrup wild cherry sufficient to keep the lung clean. He received at 8 p.m. each day a tepid bath in the cold room, and would fall asleep soon thereafter. He received at 6 a.m., 12 m. and 6 p.m. one soft boiled egg with cracker and butter, with a glass of port wine with crushed ice.

I have never been more agreeably surprised in any case. I have never treated a case that did better. The nurses were mother and his wife, who were themselves sick and unable to properly nurse the patient. Recovery was rapid and complete.

Dr. I. L. Van Zandt, of Ft. Worth, Tex., has been treating pneumonia since 1894 with creosote with reasonable success, having treated 1,130 cases with 56 deaths, a mortality of 4.96 per cent.

Digitized by Google

Dr. Morgenroth of Berlin has conducted a series of experiments with optochinum, a derivative of quinine, with excellent results, where only pneumococcus infection was present.

The drug is administered like salvarsan, and must be used within forty-eight hours. Every case recovered in from twenty-four to forty-eight hours.

Dr. Biorkman, professor of physiology, Milwaukee Medical College, says regarding broncho-pneumonia, the pneumococcus, streptococcus and staphylococcus are the causes. Fortunately, we have a remedy, "colloidal silver," which is offensive to all three, especially the streptococcus, which is the instigator of the most severe types. With a morning and night dose per rectum, with hydrotherapy, the malady yields comparable to diphtheria under antitoxin.

Summary.

We have shown from statistics that nature, or some prophylactic measure, is reducing the mortality to population.

We have shown from statistics that the mortality in the cases treated are increasing.

Above all things, let patient have plenty of fresh air. Stimulate every eliminative organ to prevent accumulation of toxins.

Reduce temperature with cold water, and do not fail to give a general bath each twenty-four hours.

Give nourishing food, but do not tax the stomach.

This summary might be included in one word, "Cleanliness."

Keep patient clean inside and outside; allow plenty of clean atmosphere and give clean food.

BLOOD FINDINGS IN THE ACUTE ABDOMEN.*

B. N. DUNAVANT, M.D.
MEMPHIS, TENN.

Blood findings in acute abdominal conditions are frequently of great value in the diagnosis and prognosis of those cases

*Read before Memphis and Shelby County Medical Society, May 5, 1914.

Digitized by Google

which demand an immediate operation, but must always be considered in their true relation to the objective and subjective symptoms, using each as a "check" upon the other, but in no case would postponement of an operation be permissible upon the finding of a low blood count, when all other symptoms point to impending danger.

In the past, blood counts in acute surgical conditions were discredited in the opinion of surgeons by the undue importance given to the presence of a high total leucocyte count, but in 1906 Loudern expressed the dictum that "the increase in the relative number of polynuclear leucocytes is an indication of the severity of the toxic absorption, and the degree of leucocytosis is an evidence of the body resistance toward the infection," or more tersely expressed, the polynuclear percentage is an index of the virulence of the infection and the amount of toxic absorption, while the total count is an index of the body resistance.

Based upon this fact, Gibson attempted to lay down fixed rules by which operative indications could be recognized, and for this purpose designed his chart, on one side of which is tabulated the total leucocytes, while on the other the polynuclear percentages are shown, and he considered any marked disproportion between these two, in a given case, as an indication for immediate operation in all acute surgical conditions.

Abundant clinical experience has proven conclusively that, for the practical surgeon, a consideration of the differential percentages alone, in conjunction with the objective and subjective symptoms, is of most aid in the obscure or doubtful cases, and that for practical purposes the total count may be ignored.

Blood counts in the acute abdomen are of most value in appendicitis, gall bladder infection of a serious nature and in which perforation or gangrene is threatened, and typhoid perforation. In the last named condition, in which previous blood counts would in many cases be available, the sudden development of a polynuclear leucocytosis, in the presence of symptoms pointing to perforation, would be a material aid in the early diagnosis, and upon this depends the outcome of the case.

Digitized by Google

The following cases of appendicitis, thirty-five in number, have been divided and tabulated in six classes, as follows:

1. Chronic, sub-acute, mildly inflamed, and colic.
2. Acutely inflamed.
3. Abscess.
4. Perforation or gangrene, with good adhesions; no signs of beginning peritonitis.
5. Perforation or gangrene, with unsatisfactory or no adhesions, with spreading peritonitis.
6. Diffuse (general) peritonitis.

TABLE I.

	I.	II.	III.	IV.	V.	VI.	Totals.	%
Less than 10,000...	2	1	1	0	0	0	4	11.4
10,000—20,000	2	3	13	0	2	3	23	28.6
20,000—30,000	0	1	1	2	1	0	4	11.4
30,000—40,000	0	0	0	0	1	1	1	2.9
40,000—60,000	0	0	1	0	0	0	1	2.9
Totals	4	5	16	2	4	4	35	100.1

Table I., giving the total or absolute leucocyte count in these cases, reveals nothing of importance, for we have here the same count in cases ranging in severity from a chronic or sub-acute appendicitis to a diffuse peritonitis. The highest count in this series, 50,000+, was an abscess case, which will be referred to in detail later on.

TABLE II.

Class—	I.	II.	III.	IV.	V.	VI.	Totals.	%
60—65%	2	0	0	0	0	0	3	8.6
65—70%	1	0	0	0	0	0	1	2.9
70—75%	0	2	2	1	0	0	5	14.3
75—80%	1	0	1	0	0	0	2	5.7
80—85%	0	1	6	0	1	0	7	20.0
85—90%	0	2	5	0	1	0	8	22.9
90—95%	0	0	2	1	2	2	7	20.0
95+%	0	0	0	0	0	2	2	5.7
Totals	4	5	16	2	4	4	35	100.0

Digitized by Google

A careful study of Table II. shows that the polynuclear percentage rises more or less directly proportional to the severity and danger of the appendiceal condition. Thus, three out of four cases in Class I. are below 70 per cent., the fourth showing 78 per cent., and was a mildly inflamed appendix; all of Class II. are below 90 per cent.; fourteen out of sixteen abscesses below 90 per cent.; two of four, with spreading peritonitis, above 90 per cent.; all four with diffuse peritonitis above 90 per cent., the highest counts, 95.7 and 96.7, respectively, being in this class. Judged by these findings, all cases below 80 per cent. may be considered safe for the time being, all above 90 per cent. demand immediate operation, while for those falling between these two limits no positive indications can be laid down, and they must be treated according to the best judgment of the surgeon, the blood examination influencing him not at all, or in accordance with the approach to one or the other limit.

In certain cases, none having been encountered in this series, both reaction and resistance may be overwhelmed by reason of the widespread area of the virulence of the infection. This would be evidenced by what on casual examination might appear a normal blood picture, the polynuclear percentage and total count being about normal, or even sub-normal.

Turck draws especial attention to the increased percentage of transitional cells in these cases, and states that they can be thus recognized. Also, an Arneth count, indicating the relative youth or age of circulating leucocytes and presence of excessive numbers of immature polynuclears, would reveal the true diagnosis. However, for general purposes, the clinical condition would leave no doubt as to the dangerous condition present.

From a careful study of the above cases, and of all available literature bearing upon the subject, I have drawn the following conclusions:

1. That in all acute cases of appendicitis, as well as in other acute abdominal conditions, a properly interpreted blood examination, correlated with the clinical history and conditions, cannot fail to aid in diagnosis and prognosis.

Digitized by Google

2. That a consideration of the differential count alone will be of most value in diagnosis, the absolute count being of great value in prognosis, and in certain cases only, of any especial aid in the diagnosis.

3. That the same reactive processes and resistive powers need not be expected in all individuals, nor in all stages of the same case, when severe and progressive, and that in certain cases both will be overwhelmed by the spread or virulence of infection. That these cases can, by proper methods, be recognized in the blood picture.

4. That a polynuclear percentage of 90 per cent. indicates immediate operation; less than 80 per cent., safety for the time being; and that between these two limits no positive indications can be recognized.

In closing, I wish to thank Drs. Malone, Smythe, Crisler and McGehee, and especially the internes at St. Joseph's Hospital, for their permission to use and aid in collecting the data of this series of cases.

THE ACUTE ABDOMEN, WHEN TO OPERATE, AND WHEN NOT TO OPERATE.*

E. E. HAYNES, M.D.
MEMPHIS, TENN.

A few days ago, when your Secretary notified me that I would be expected to say something upon this subject, along the lines he has designated, I very readily, without due consideration, consented to be the victim. The more I have thought about the subject, the worse my symptoms have grown. I was inclined to think, as many others do, that the time to operate is when you get the patient.

The time to not operate has been a very difficult problem of solution when the patient is willing to be operated on, regardless of the real reason for the operation. A very generally accepted time as to "when to operate" by many of the profession, upon the "acute abdomen," as well as others, is after a very thorough application, artistically applied, and, I might

*Read before Memphis and Shelby County Medical Society, May 5, 1914.

Digitized by Google

add, the more artistically applied the more profitable it will be to the surgeon, and its hypnotic influence is observed, is when you have thoroughly applied "meadow myonaise." This is a preparation, if I may call it such, which is found in abundance in all cattle growing countries.

In all seriousness, though, this is a subject too far-reaching to be profitably handled in a few days' time, when one has not had sufficient time to give it the thought it deserves. It is a subject for deep consideration, and one which at times perplexes the most astute and experienced surgeon. I cannot consider, except in a brief manner, some points which, by experience, have proven to be paramount.

In conditions involving the stomach, such as perforation by a gastric ulcer, the condition becomes acute only so far as the effect upon the abdominal cavity is concerned. Patients suffering from gastric ulcer give sufficient reason for diagnosis and attention long before a perforation takes place. When a perforation occurs the time to operate is just as soon as the diagnosis is made and the patient can be put in the hospital or suitable place for safe surgical interference. It is not within the province of the subject allotted me to go into the diagnostic points of these cases.

In acute gall bladder infections, where the cystic or common ducts are not occluded, it is best to defer any surgical interference until an effort, by rest in bed, has given the inflammatory condition time to subside. It sometimes occurs that the cystic duct or common duct becomes occluded, either by stone, products of inflammation or a closing of the ducts by swelling, and the gall bladder becomes so distended with pus that it will be necessary to drain the gall bladder and keep up drainage until satisfied the natural channels will functionate. Delay in these cases will sometimes result in ruptured ball bladder, and then a very serious problem confronts the surgeon. It is well to remember that in these cases, if there be an occluded gall bladder, with an accumulation of pus, the "blood findings" should reveal that fact, and after such precautionary measures have been taken advantage of, the way is made clear as to when to operate and when not to operate.

Digitized by Google

A condition often hashed over and yet sometimes misunderstood, is as to when to operate in cases of appendicitis. This, more than any other one thing, comes before us in the form of "the acute abdomen." My ideas may be a little drastic, but it has occurred to me for many years past that the time to operate on these cases is as soon as you have discovered the patient has appendicitis, not that each attack is by any means primarily a serious condition, for in many cases, in fact, the most of the cases we see, the patient will get over the particular attack, but it is the uncertainty of the progress of a diseased appendix which emphasizes the importance of its removal. An appendix removed and thrown away will never cause any trouble, but one left in the abdomen, once distorted by disease, never again resumes its normal condition, and it resolves itself into a smoldering human volcano, which will likely erupt at any time.

Another condition I wish to direct your attention to, is infections in the pelvis, mainly of the Fallopian tubes. If we have a case of salpingitis and by microscopical findings we are satisfied it is of gonorrheal origin, it is never best to remove these tubes in the stage of acute inflammation. Practically all of these cases are best handled by putting the patient to rest in bed, with ice to lower abdomen, and after a short period of time the acute inflammatory condition subsides. The time to operate on these cases is after the pain and tenderness has practically subsided and there has been no elevation of temperature for a period of not less than two weeks. You will find these tubes containing pus, which will not infect the abdomen out of which it is removed, but will infect any other person. I made this assertion some several years ago before the Tri-State Medical Association and was severely criticised by two or three surgeons on account of not using drainage when these tubes were upturned in removal, but I have had sufficient experience to demonstrate that I am correct. Now, there is another condition which must not be confounded with gonorrheal pus tubes, and that is when you see a case of streptococcic infection or colon bacilli infection. Such cases as these you will find that there never comes that quiescent stage. This

Digitized by Google

does not assume a chronic form. The patient becomes more and more intoxicated and presents a picture of profound sepsis, having fever, sweats and a rapid, feeble pulse. Such cases as these should be operated on as soon as your blood findings show you that there is pus, and usually it can be determined by examination and clinical history.

On acount of lack of time, I have not been able to prepare for you a paper worthy of the courtesy extended me, but wish in closing to say that there is one time the profession should recognize as never being an appropriate time to operate, and that is when the conditions of the abdomen are less acute than the commercial manuverings of the brain of the hopeful surgeon.

Central Bank Building.

ORTHOPEDIC EXAMINATION IN CHILDREN.*

WILLIS C. CAMPBELL, M.D.
MEMPHIS, TENN.

In addition to the usual careful history and examination, including well known blood and other clinical tests, as should be made in any surgical case, there are some points of especial interest in viewing a patient from the standpoint of the orthopedic surgeon.

In taking the history, one should always begin at birth, questioning the parents closely regarding the nature of delivery and appearance of the new-born babe, for many deformities are either due to developmental errors or injury at partuition. (2) We naturally turn next to the food of the child, as errors in diet are notably the direct cause of such nutritional disorders as rickets and scurvey, and indirectly predispose to various disorders. (3) Age, when first walked and peculiarities at this time may aid materially in diagnosis of congenital dislocation of the hip and other affections. (4) A change in

*Read before the Memphis and Shelby County Medical Society, April 21, 1914.

Digitized by Google

daily habits, as a lack of desire to run and play may show that the condition present has existed many months prior to apparent symptoms. (5) The mother and others almost invariably consider an injury responsible for any condition which causes her child to become crippled or deformed. I have often found it difficult to persuade parents that such affections as poliomyelitis and congenital dislocation of the hip were not due to trauma. Injury may often be the etiological factor, but its importance is greatly exaggerated in the minds of the laity. (6) As lowered mentality is frequently associated or a part of certain orthopedic affections, and the prognosis depends on the possibility of improving such a condition, it is extremely important that the mental development be followed from birth. We ascertain when the child first sat alone, crawled, walked, laughed, talked and if the child is past infancy, many other complicated tests may be employed. Parents are poor judges of the mentality of their own children when normal, and the same relation exists when the child is afflicted. Parents often insist that the mind of a hopeless idiot is very bright, and urge their treatment. However, it is often remarkable to see the improvement in backward children when, by operation or other treatment, they are rendered capable of walking. (7) Last of all, we question closely regarding present disability, including all circumstances connected with onset, pain, limp, deformity, fever and constitutional symptoms.

In making the special examination, many surgeons have all clothing removed by assistants before the patient is seen, but many times a slight peculiarity in attitude and gait may be apparent before the clothing is removed, as children are frequently on guard during an examination, and certain symptoms may be masked. After the preliminary observation the clothing is removed and the child is examined standing, noting attitude and general appearance, and when walking there may be a limp of pain, shortening, weakness, paresis, elasticity (as in congenital dislocation of the hip, etc.), or there may be a guarded gait, as in spondylitis, or spastic gait, as in certain diseases of the central nervous system. While standing, we have the patient move the joints of the upper and lower ex-

Digitized by Google

tremity and the spine in all possible directions, noting limitation and pain caused thereby.

The patient then reclines on the table, and affected parts are inspected and palpated, extremities measured and passive motion of upper and lower extremities and spine carefully noted, character of limitation, i. e., whether from pain, muscular spasm or mechanical obstruction, and reflexes, especially the pupillary, may also be tested at this time.

Finally, the patient is sent to the x ray room, if there exists bone or joint lesions, but not as a last court of appeals, but to obtain a skiagram, which will be an aid to diagnosis in conjunction with clinical findings. If one attempts diagnosis by x-ray alone he will make a greater number of errors than if he depend on the clinical findings without the skiagram. However, I do not desire to under-estimate this valuable resource, for it has undoubtedly been the most important factor in the recent rapid advancement of this branch of surgery.

The x-ray is used (1) as an aid to diagnosis, (2) as an aid to prognosis, (3) as a guide to treatment. As a therapeutic measure there is little if any value to be found in this class of work.

With all data in mind, including skiagram, the diagnosis can be made more often than in other branches, as it is frequently a mechanical proposition, which can be found with mathematical accuracy.

Eugenic.

Susie (aged 6)—And when we grow up, we'll be married, won't we, Tommy?

Tommy (sadly)—No, Susie, I can't marry into your family. Your papa has weak eyes and your auntie has spasms.—Free Lance.

The Old Posterior Operation.

"I see they have operated on a Philadelphia boy's head to make a better boy of him."

"That isn't where my dad used to operate on me to make a better boy of me."—Houston Post.

Digitized by Google

Memphis Medical Monthly

ROGERS BUILDING, MEMPHIS, TENN.

SUBSCRIPTION PER ANNUM, ONE DOLLAR IN ADVANCE

Official Organ of the Tri-State Medical Association of Mississippi, Arkansas and Tennessee; West Tennessee Medical and Surgical Association; Memphis and Shelby County Medical Society

C. H. BRIGHT, Publisher. J. L. ANDREWS, M. D., Editor.

EDITORIAL DEPARTMENT

DOCTORS' DOLLARS.

It is a fact, which no one familiar with the circumstances will deny, that physicians are cheated and defrauded in business transactions oftener than any other class of men. The reasons for these facts are not hard to find. As a rule, physicians are entirely concerned in the treatment of their patients and have little time to investigate intelligently propositions which are submitted to them. There are many aged physicians today who should have at their disposal a comfortable competency, but who in reality are dependent upon others.

If these men had the money from which they have been fraudulently separated it would afford a comfortable income. This is a deplorable fact. Doctors work too hard for their money to have it stolen from them by dishonest schemers.

After all, it is a question of the load that a dollar can safely carry. If a man invests a dollar in his business where he can watch it constantly, that dollar can reasonably be expected to carry a heavy load, returning from 15 to 30 per cent. with safety. But where a dollar is invested far away from the eye of its owner, the returns will be much smaller. If safety is to be had, our physicians should be importuned to put safety first and rate of returns second. Six per cent. is a good load, if a dollar is invested away from the personal care of the owner. We do not know of any safer investment than first mortgage real estate bonds with a concern that has invested thousands of dollars without the loss of a single dollar of interest or prin-

Digitized by Google

cipal, the chances of loss are extremely remote. Such a house is that of Marx & Bensdorff, of this city. This is in no sense an advertisement, as no money or any thing of value of any kind whatever is received in exchange for these words. The statement is prompted only by sentiments of friendship and good will. We believe that any one who invests his money with these people will receive fair and honest treatment. It must not be forgotten that 6 per cent. in hand is worth a hundred per cent. in the distance. Distance does lend enchantment to distant fields of crooked schemers for getting money.

SOCIETY MEETING.

Notes of the Meeting of the West Tennessee Medical and Surgical Association, Held at Union City, Tenn.,

May 14-15, 1914.

The attendance was large and enthusiastic. Of the forty-six papers announced in the program, there were thirty-six of the authors present. The following officers were elected for the ensuing year:

President—Dr. A. B. Dancey, Jackson, Tenn.

Vice-President—Dr. F. W. Watson, Union City, Tenn.

Vice-President—Dr. H. C. Sanders, Selmer, Tenn.

Secretary-Treasurer—Dr. I. A. McSwain, Paris, Tenn.

Next place of meeting, May, 1915, Dyersburg.

Committee of Arrangements—Physicians of Dyer County, Dr. O. Dulaney, chairman.

This was the twenty-third meeting of the Association, which was founded in 1892. Dr. I. A. McSwain was the chief mover of the organization. The first meeting was held at Humboldt, May, 1892.

There are now about three hundred names on the roll of the Association, and among them a large number of the most prominent men in the profession in this part of the State. Also, a number of prominent Nashville physicians are among the members.

Digitized by Google

At the meeting in Union City, the venerable Dr. A. P. Warterfield, who is one of the few living members of the old West Tennessee Association, which went out of existence in 1881.

The profession of Obion county is now alive to the importance of medical organization, nearly every one being a member of the West Tennessee Association.

SECRETARY.

IN MEMORIAM.

The medical profession in this section of the country has recently been bereaved in the loss of two of its members. One, Dr. G. B. Thornton, rounded out a long life of useful service. The other, Dr. R. B. Nelson, was stricken by death at the very threshold of a busy and useful life.

The following resolutions of respect to the memory of these two distinguished members of our profession gives testimony to the esteem in which they were held by their professional brethren.

The editorial which we reprint from the Commercial Appeal, to the memory of Dr. Thornton, is a beautiful tribute to his worth.

Resolutions of Respect Adopted by the West Tennessee Medical and Surgical Association.

Dr. Robert Bailey Nelson died in Memphis, May 12, at the Gartly-Ramsay Hospital, as a result of injuries received four weeks ago in an automobile accident.

Dr. Nelson began his professional career in Jackson, where he practiced his profession for some years, moving to Memphis about four years ago, associating himself with Dr. A. C. Lewis. The news of his death was received with deep regret by all who knew him.

Dr. Nelson's death is peculiarly sad. He was in the prime of life, with many years of usefulness before him, of service to suffering humanity.

He had fully prepared himself for the practice of his profession, and had entered upon a most prosperous career.

Digitized by Google

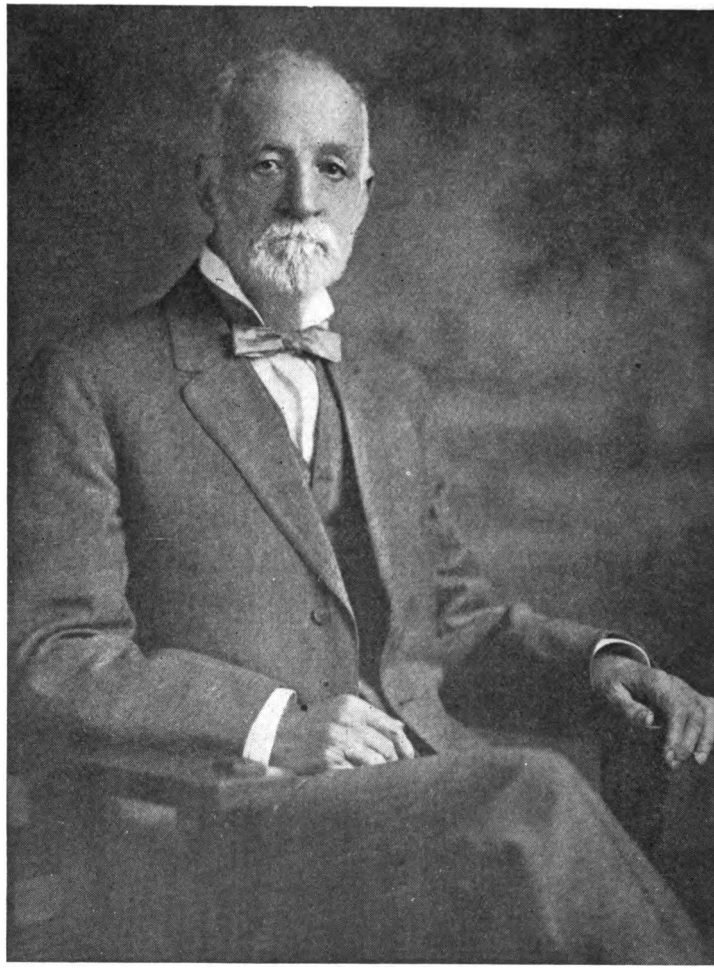
Dr. Nelson was a splendid type of citizen, strong in his convictions and friendships, kindly and charitable in his nature, and ever ready to assist in the welfare of his community.

He was born in Shelby County, 33 years ago, moving to Jackson, and later to Memphis. He was an active member of the West Tennessee Medical Association, and we extend our sympathy to his family.

Digitized by Google

DR. G. B. THORNTON.

A man strong in the darkest hours of Memphis, a leader among a stricken people, died yesterday far away from the city which he served so well.



Dr. Gustavus Brown Thornton, for many years lived across the street from the office of the Commercial Appeal. Many evenings during the last two years he came over from the loneliness of his own home and spent an hour or two with us.

Digitized by Google

Though he was 79 years old, his mind was active, his power of analysis was superb and his opinions of men and things commanded respect.

Dr. Thornton was a great physician. He was a great Memphian. He was a great soldier. The newcomers, those who have been active in Memphis during the last 20 years, knew little of Dr. Thornton. His crowded hours were from 1860 until the middle 90's.

Before the war he was a physician. He studied in Memphis and then went to New York and studied and graduated there.

He entered the army as a soldier. Later he was transferred to the medical staff. First he was a regimental, then a brigade, and then a division surgeon. He was a chief of A. P. Stuart's medical staff.

Dr. Thornton was at Shiloh, at Belmont, Murfreesboro, the fighting at Chickamauga and Missionary Ridge. At the close of the war he had operated on as many cases as any man in the service. He was more than a mere surgeon. He was a counselor and friend to soldiers.

After the war he began the practice of medicine, and for a number of years he was chief superintendent of the City Hospital. During '78 and '79 he was in charge of the hospital and for a time of the City Board of Health. He was chief of all the medical work that was done in this city in '78 and '79, when death took a toll from every home.

In the 90's Dr. Thornton was made president of the board of health, and it was he who was responsible for the plans of the present City Hospital. It was built practically under his direction. Before the work of construction was begun he had the advice of some of the most eminent hospital surgeons—principally army men—in this country.

His private practice was large. Among the physicians of the South he was esteemed as a leader. His rare ability was recognized by members of his profession throughout the country.

He was a modest man. He was patient and his charity was great. He gave the same careful attention to the pauper that he did to the richest man. He was as kindly to the wretch in the charity ward of the hospital as he was to him who could

Digitized by Google

command everything that money could buy. We never saw Dr. Thornton manifest impatience with men or things.

A few months ago his old friend, Dr. J. M. Kellar, was reported to be desperately ill. Dr. Thornton brought Dr. Kellar's photograph to this office, complying with a request made by one of the editors, and with it he brought his own. "I will die soon, too," said Dr. Thornton, "and you boys might want to print my picture. I just thought I would bring this one over for you."

He knew he was not long for this world, but he talked about the journey he would soon make with the confidence and serenity which were peculiar marks of his character.

He had enjoyed life and he had enjoyed his work. He was grateful that a long life had been vouchsafed to him. He expressed his entire readiness to go when the Master should call him. And when the Master did touch Dr. Thornton, He called away from this world a man who every day gave to its demands his best effort.

Dr. Thornton was the Commercial Appeal's closest neighbor and all the men on this paper so fortunate as to know him feel a keen personal loss.

Resolutions of Respect Adopted by the West Tennessee Medical and Surgical Association.

Dr. T. J. Crofford came to Memphis in 1888 and at once began to specialize in diseases of women. He almost immediately rose to eminence in his chosen field. For several years he held the chair of Physiology in the Memphis Hospital Medical College, and later was Professor of Gynecology in the same school, until his failing health compelled him to relinquish the chair. He was editor of the Memphis Journal of the Medical Sciences, and a voluminous contributor to medical literature. His contributions showed the scientist and advanced thinker. His surgical work showed the master of technique. The death of Dr. Crofford removes from its membership one of its most illustrious members of this association.

Digitized by Google

For a number of years his physical condition prevented his activities.

He died at a health resort last autumn.

Resolutions of Respect Adopted by the West Tennessee Medical and Surgical Association.

DR. H. H. BROWN.

Dr. H. H. Brown died in Jackson, Tennessee, October 7, 1913, of uræmia.

Dr. Brown was for many years an active member of the profession at Sharon, Tenn., later moving to Jackson, where he practiced his profession only a short time before his death. Dr. Brown was a man of quiet mein, dignified, manly, and a man who fully realized the true ideals of his chosen profession.

He was yet in the prime of life, and gave promise of a bright and useful future.

Dr. H. H. Brown was a member of the West Tennessee Medical Society, and we extend our sympathy to his family in their loss.

COMMITTEE.

One hair of a maiden's head pulls stronger than ten yoke of oxen.

A train slowed up at a busy country station and a man was seen to put his head excitedly out of the window of a third-class carriage.

"There's a woman in here fainted!" he cried. "Has any one got any brandy or whisky? Quick!"

Some one in the crowd on the platform handed him a bottle. He uncorked it frantically, put it to his lips and took a noble pull.

"Ah!" he sighed, "that's better. It always did upset me to see a woman faint."—*Exchange.*

Digitized by Google

MISCELLANEOUS

"CASE REPORT."

Ft. Necessity, La., May 22, 1914.

To the Editor:

I have recently come in contact with what I consider to be an unusual case, and not having sufficient literature at my hand to give light on the case, I am writing you for information.

I was called on May 9, at 3 a.m., to see a negro woman who was supposed to be in labor at full term. On arriving at the bedside I found a time-honored negro midwife in charge of the case, and from her I learned that the woman had been in labor for sixty hours prior to my arrival, and that she had had hard cramp-like pains which had stopped. She thought the child was dead and had called me to deliver it. On questioning the patient, I learned that she was in bed and suddenly she had a severe pain in her stomach and on getting up had a hemorrhage. The nurse was called and started her teas, etc. Hemorrhage continued at varying intervals, and when I saw the case there was some hemorrhage. On palpation I found a transverse presentation. On vaginal examination, I found the os high up in the pelvis and it was with some difficulty that I reached it. With some pressure on the abdomen I was able to introduce one finger and found an irregular, spongy mass. I made a diagnosis of placenta praevia complete, and from all the facts in the case I thought it was about a six months gestation. The vagina was tamponed, a seditive given, and I returned to my office. In about two hours I was called again, found the woman restless, pulse good and not much hemorrhage. The second day following I saw her and found temperature 103, pulse rapid, and a bad odor. At this juncture, I called consultation, with the view of terminating pregnancy. My consultant agreed with me, and the woman was prepared for delivery. I found the os a little rigid, but once it was dilated, it remained so. Two fingers were introduced, the

Digitized by Google

placenta detached and (on one side) pushed to one side, with some pressure on the abdomen, I was able to hook two fingers around the neck of the fetus and deliver it with all ease. On going back for the placenta, my fingers came in contact with the small intestine. The woman was placed in bed and allowed to come out from under the chloroform and seemed no worse than she was before the operation and lived several hours.

It is my opinion there was a ruptured uterus when I first saw the case, but failed to recognize it. After I saw the case there were no pains, and during delivery there were no contractions of the uterus.

After examination of the fetus we decided the pregnancy could not have been more than six months. I would like to know the frequency with which rupture of the uterus is met at six months gestation, and the per cent. of ruptures that occur with placenta praevia.

Thanking you for an early reply and for any information on this case, I am,

Fraternally,

A. J. REYNOLDS, M.D.

Artificial Illumination a Factor in Ocular Discomfort.

Black, Nelson M., and Vaughn, F. A. (Journal A. M. A., September 27, 1913). It seems quite certain that ocular discomfort, the result of exposure of the eyes to the light, and especially that observed during close work, under improper artificial illumination, is the result of muscular fatigue, which in turn is caused by the constant contraction in attempting to protect the retina from too much light. This discomfort is caused much more commonly by artifiicial light, which is of less intensity than daylight, which frequently causes no discomfort. The authors believe that the evolution of the eye is not as yet completely adapted to artificial illumination. The effect of light on the visual purple is discussed, and a brief description given of the spectra of daylight and common illumination. Glare is also a cause of discomfort, and it is especially desirable that this element should be eliminated by the use of proper paper, as well as by the proper illumination.

Digitized by Google

BOOK REVIEWS

The Diagnosis and Treatment of Digestive Diseases. By George M. Niles, M. D. P. Blakiston's Son & Co., Philadelphia.

This is another good book written by a Southern teacher. This is the first edition of the volume and we predict for it very great success. A careful examination of the work shows that it is thoroughly up to date, covering its field very fully.

The book is written in easy, clear-cut style. The illustrations are good and the book is quite up to the Saunders standard in all particulars.

Electricity in Diseases of the Eye, Ear, Nose and Throat. By W. Franklin Coleman, M.D., M.R.C.S., Eng. With 595 pages and 156 illustrations. Price, $5.00.

An examination of this work leaves a feeling of satisfaction which ordinarily is not the case when confronted with books upon electro-therapeutical subjects. In the first place, the author has given in the most readable and comprehensive form a few chapters to the subjects of the physics of electricity, without a knowledge of which no one should undertake any extensive electrical treatments. Nowhere else can one find this subject so admirably presented.

The variations of electrical administration which have been developed of late years result in the production of a book much broader in its scope than the works on electro-therapeutics formerly presented.

It is particularly in regard to the chapters on electricity in diseases of the eye that the book is valuable. Some of the results obtained by the author and results reported by others, according to his quotations, are little less than startling. Benefit in optic atrophy in 66 per cent. of his cases gives one occasion for thought.

Every specialist in the field covered by the book will doubtless be glad to have it.

Digitized by Google

A History of Laryngology and Rhinology. By Jonathan Wright, M.D., Director of the Department of Laboratories, New York Post-Graduate Medical School and Hospital. Second Edition, Revised and Enlarged. Octavo, 357 pages, illustrated. Cloth, $4.00, net. Lea & Febiger, Philadelphia and New York, 1914.

This work belongs to the type of medical book which is but rarely published, and then only in limited editions, which appeals to the physician for its literary and historic value rather than for its practical usefulness in his everyday professional life. It is a book which will afford him pleasure and recreation in his leisure hours and from which, nevertheless, he will obtain much that will be of value to him in his daily routine. It will broaden his point of view and give him a better perspective, not only of the specialty in which he may be engaged, but also of all branches of medicine, to see how the particular department reviewed herein has grown from crude beginnnigs to one of the most highly perfected of all the specialties. The author is not only a gentleman of eminence in the medical world, but also a litterateur and a historian, and he has portrayed his subject in an interesting and charming style. Beginning with Egyptian medicine, and continuing until the advent of modern procedure, Dr. Wright has given the reader a story full of entertainment and historic interest.

A gentleman playing golf with a clergyman who constantly missed his stroke was astonished to hear him ejaculate "Assuan!" every time he made an especially bad mistake. At the end of the game the layman asked the clergyman what he meant by saying "Assuan."

"Well, my friend," said he, "Assuan is on the Nile, and the biggest dam in the world."—*Exchange.*

FOR SALE—Victor portable X-Ray Coil and High Frequency outfit; practically new; $125.00. Address Physician, Memphis Medical Monthly.

Digitized by Google

CLINICAL REPORTS

Pasadyne is a concentrated tincture of passiflora incarnata and has been prepared by the same firm for more than thirty-five years. This preparation will be found of reliable worth in all nervous states. A sample bottle may be had by addressing the laboratory of John B. Daniel, 34 Wall Street, Atlanta, Georgia.

Sleeplessness is one of the most troublesome ailments which medical practitioners are called upon to treat. It is annoying to the patient—to how great an extent probably only those who suffer from it can appreciate. It is troublesome to the physician because of its intractable character. Much, however, of the difficulty of treating insomnia satisfactorily lies in the complex association of the malady. The measures which will readily procure sleep in one case will often completely fail in another. The same thing is true of the specific hypnotic drugs; one will work at certain times, another at other times, and often either is of any value. That is the doctor's common experience—until he uses Neurosine. Then he learns, for the first time, that there is a hypnotic upon which he can depend at all times and under all conditions. Even when sleeplessness is accompanied by pain or extreme nervousness—when pain is the actual cause of the insomnia—Neurosine does not fail him. And, furthermore, its great potency is not obtained at the expense of safety—another feature which discounts the ordinary hypnotics. There are no dangerous drugs in Neurosine. Surely, Doctor, such a remedy is worth the having!

The Recovery From Typhoid.

In spite of the improvements in general sanitation, typhoid fever still continues to exist, and is especially prevalent during the fall and early winter months. It is more than probable that most cases occurring in the larger cities are the results of infections contracted at the summer vacation resorts, where the water and food supplies are not as carefully safeguarded as in urban communities. Although many forms of treatment, de-

Digitized by Google

Bacterial Vaccines

(BACTERINS)

Acne Vaccine (Acne Bacterin).
For the treatment of non-pustular acne characterized by the presence of comedones.

Acne Vaccine, Combined (Acne Bacterin, Combined).
For the treatment of the pustular types of acne.

Catarrhal Vaccine, Combined.
For the treatment of catarrhal infections.

Colon Vaccine (Colon Bacterin).
For the treatment of colon infections, such as those of the genito-urinary and biliary tracts.

Combined Bacterial Vaccine (Van Cott).
For the treatment of erysipelas, puerperal sepsis, phlegmon, mastoiditis, malignant endocarditis, acute tonsillitis, etc.

Furunculosis Vaccine.
For the treatment of boils, carbuncles, impetigo contagiosa and sycosis staphylogenes.

Gonococcus Vaccine (Gonococcus Bacterin).
For the treatment of acute gonorrhea and its complications.

Gonococcus Vaccine, Combined (Gonococcus Bacterin, Combined).
For the tretament of gonorrheal infections complicated by the presence of staphylococci.

Pertussis Vaccine (Pertussis Bacterin).

Pertussis Vaccine, Combined (Pertussis Bacterin, Combined).
For the prophylaxis and treatment of whooping-cough.

Staphylococcus Vaccine (Albus) (Staphylococcus Albus Bacterin).

Staphylococcus Vaccine (Aureus) (Staphylococcus Aureus Bacterin).

Staphylococcus Vaccine (Citreus) (Staphylococcus Citreus Bacterin).

Staphylococcus Vaccine, Combined (Staphylococcus Bacterin, Combined).
For the treatment of furunculosis and carbuncle, sycosis, suppurative acne, eczema, felons, osteomyelitis, etc.

Streptococcus Vaccine (Streptococcus Bacterin).
For the treatment of erysipelas, puerperal septicemia, cellulitis, septic endocarditis, lymphangitis, the secondary infections of pulmonary tuberculosis, etc.

Urethritis Vaccine, Combined (Urethritis Bacterin, Combined).
For the treatment of urethral infections due to a variety of strains of bacteria in combination with the gonococcus.

PRICES OF ALL VACCINES LISTED ABOVE.	
Rubber-stoppered glass bulbs of 1 Cc.,	package of four, $1.00
Graduated syringe containers,	package of four, 2.00
Graduated syringe container	package of one, .50

Meningococcus Vaccine (Prophylactic): Meningococcus Bacterin (Prophylactic).
For prophylactic treatment against meningitis.

Typhoid Vaccine (Prophylactic).

Typhoid-Paratyphoid Vaccine (Prophylactic).
For prophylactic treatment against typhoid fever.

PRICES OF THE THREE VACCINES ABOVE LISTED.			
Rubber-stoppered glass bulbs of 1 Cc.,		package of three,	$0.75
Graduated syringe containers,		package of three,	1.50
Graduated syringe container,		package of one,	.75
Hospital package,		30 bulbs,	3.50

WRITE FOR LITERATURE ON ANY OR ALL OF THESE VACCINES.

Home Offices and Laboratories,
Detroit, Michigan.

PARKE, DAVIS & CO.

Digitized by Google

A LETTER TO MEDICAL MEN.

Dear Sir:

Of all the discouraging cases which confront the general practitioner there are few more hopeless than chronic nasal and aural troubles. The difficulty of treating discharges from the ears is increased by uncertainty as to their etiology, the only fact that can safely be postulated regarding them being that they are the result of a mixed infection. For example, a bacteriological report recently obtained with reference to an ear discharge is as follows: "Films prepared direct from this swabbing contain many gram-negative and gram-positive bacilli, together with several gram-positive micrococci. The inoculated media yield cultures showing large numbers of bacillus proteus, small numbers of diphtheroid bacilli, and a few micrococci."

Mixed Infections.

A considerable volume of evidence has been accumulated showing that Phylacogen, without operation or local treatment, not only frees the sufferer from excessive secretion, but also, even when the secretion is merely reduced in quantity, entirely gets rid of its unpleasant odor.

We have records of a large number of cases treated with Mixed Infection Phylacogen.

Two cases are supplied by a surgeon. In both, the discharge became abundant and offensive after operation. Treatment was commenced with 1 Cc. Mixed Infection Phylacogen, the injection being gradually increased until a dose of 8 Cc. was reached. The reactions in both cases were of a comparatively mild character, and the result has been entirely satisfactory.

Suppurating Antrum.

Another case is that of a professional man (43) who has suffered from a chronic nasal catarrh for some nine years, and deafness in the left ear for about a year, with difficulty in breathing through the left nostril. This gentleman does much public speaking, and in the frequent effort to clear his throat he often became quite hoarse. He received in all eight injections of Mixed Infection Phylacogen, doses up to 10 Cc. being given. The reactions after the third, fourth and fifth doses were very severe, but the latter doses did not cause much disturbance. He gradually lost his catarrh, and hearing returned at the middle of the course. The result has been most satisfactory, especially as regards the improved condition of his voice and throat in public speaking.

Catarrh with Deafness.

Another case is that of a housemaid (26), who when five years old had an attack of scarlet fever. Ever since then she has had discharge from the right ear, with almost complete deafness; could only hear a watch pressed close on the ear. Treatment was commenced on April 27, 1913, with injection of 2 Cc. Mixed Infection Phylacogen, doses being gradually increased to 10 Cc. After two or three injections the discharge increased in quantity, and became thinner, and thereafter gradually diminished. After eleven injections, extending over three weeks, the patient with her left ear on the pillow heard with the right ear for the first time in twenty-one years the clock ticking in her bedroom. Since then hearing in the right ear is almost as good as in the left.

Suppurative Otitis Media.

One of the medical men from whose reports we have quoted concludes with the following remark: "In my opinion the most remarkable thing about these cases—even more remarkable than the cure of the catarrhs—is the great improvement in the general health which followed in the three to four months after the injections had been discontinued." This opinion is shared by every medical man with whom we have come in contact who has given Phylacogen a fair trial in suitable cases. Our recently issued pamphlets on "Phylacogen Therapy," 1914 edition, contain much interesting material on the new system of treatment, and we shall be glad to send them to you on request.

General Health Improved.

Very truly yours,

Detroit, Mich. PARKE, DAVIS & CO.

Digitized by Google

signed to abort or cut short the disease, have been advocated from time to time, it is indeed doubtful whether such regulation of the infection has ever been accomplished. As the average course of Typhoid is from four to six weeks, it is scarcely to be wondered at that the patient usually emerges from the attack in a generally devitalized condition. This is accounted for not only by the general toxemia incident to the bacillary infection, but also because the practically exclusive milk diet generally adopted deprives the patient of the natural food iron which ordinarily maintains the ferric sufficiency of the blood. Some degree of anemia is therefore almost always in evidence when convalescence is first established. The quickest and safest way to overcome this blood deficiency and to hasten revitalization and a return to the normal, is to give Pepto-Mangan (Gude) regularly and in full dosage. This thoroughly agreeable and acceptable hematic tonic is particularly serviceable in typhoid convalescence, because it does not irritate or disturb the digestion, nor induce constipation.

A New Method of Administering Ipecac in Amebic Dysentery.

Prof. John Uri Lloyd discovered that a form of hydrated aluminum silicate has the peculiar property of absorbing alkaloidal salts from aqueous solutions. That is, it precipitates the alkaloids from the solutions by an action with a change midway between a chemical combination and a mechanical mixture. The alkaloids thus treated can be liberated only in the presence of alkalies.

Ipecac, long looked upon a specific in amebic dysentery, presented many difficulties in its administration and thus retarded the cure of amebic dysentery. And so, when a new enteric such as Prof. Lloyd's compound, which he named Alcresta and assigned to Eli Lilly & Company for development was placed before the medical profession it caused much comment and naturally proved a topic of discussion before medical and scientific societies. Unlike salol or other enteric preparations, Alcresta Ipecac will disintegrate in the stomach, but the alkaloids of ipecac are not liberated until the alkaline intestinal juices are reached. Thus no nausea or gastric disturbance is felt.

Reports on the use of Alcresta Ipecac Tablets, each one of

Digitized by Google

which represents the full activity of 10 grains of powdered ipecac, state that "it causes no unpleasant effects such as are usually met with in the administration of ipecac" and "that taken internally Alcresta Ipecac does positively destroy the amebic and does not cause nausea or in fact any ill effect whatever."

Further information on Alcresta Ipecac, Lily is now ready and will be supplied upon request to the Home Office of Eli Lilly & Company, at Indianapolis.

Treatment of a Persistent Bronchial Irritation.

In the treatment of a persisting bronchial irritation which manifests itself by moderate secretion of mucus and by an annoying cough, Cord. Ext. Ol. Morrhuæ Comp. (Hagee) will be found of marked utility. It not only soothes the irritation, but increases the mucosa's power of resistance and thus enables it the more quickly to correct the underlying morbid condition.

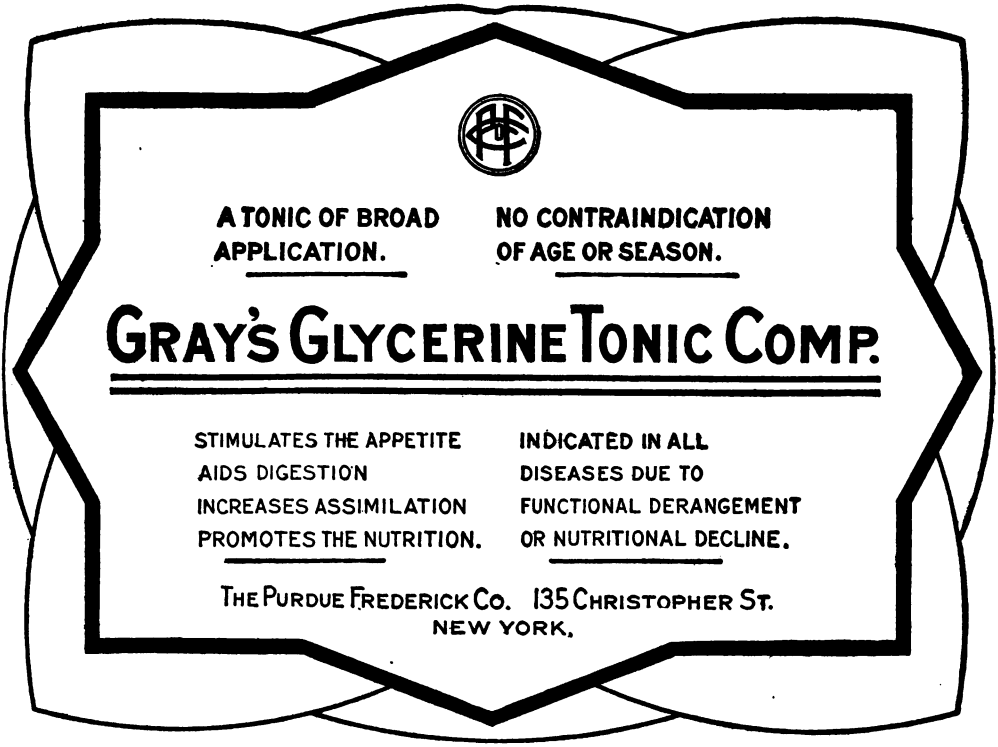
The Nervousness of Alcoholism.

In the unstable nervous states following alcoholic debauches —irritability, sleeplessness, etc.—Bromidia (Battle) will be found an agent of exceptional influence in bringing about a disappearance of the symptoms. It exerts a soothing effect upon the cerebro-spinal centers and secure rest for the patient.

A Safe and Effective Somnifacient.

A soporific agent of particular therapeutic worth and one especially indicated in women and children by reason of its freedom from danger and disagreeable after-effects is Pasadyne freedom from danger and disagreeable after-effects is Passadyne (Daniel.)

Digitized by Google



A TONIC OF BROAD APPLICATION.

NO CONTRAINDICATION OF AGE OR SEASON.

GRAY'S GLYCERINE TONIC COMP.

STIMULATES THE APPETITE
AIDS DIGESTION
INCREASES ASSIMILATION
PROMOTES THE NUTRITION.

INDICATED IN ALL DISEASES DUE TO FUNCTIONAL DERANGEMENT OR NUTRITIONAL DECLINE.

THE PURDUE FREDERICK CO. 135 CHRISTOPHER ST. NEW YORK.

RANCH SANATORIUM FOR TUBERCULOSIS

LINCOLN, NEW MEXICO.

JAMES W. LAW, Medical Director

Write for booklet and particulars

Digitized by Google

BOILS—
BRUISES—
BURNS—

New 25 Cent Size

Common ailments in every-day practice, they frequently take up more of the physician's time "than they are worth."

Yet success, quickly achieved, in these minor cases often adds much to the Family Doctor's prestige among his clientele.

Antiphlogistine
TRADE MARK

often "aborts" suppuration in a boil; promptly relieves pain and inflammation in bruises, and in severe burns, often prevents scar—also sepsis where the injury to tissue is deeper.

An Ethical Proprietary for Ethical Physicians

Send for our "Pneumonia" booklet, if one has not been received.

Antiphlogistine is prescribed by Physicians and supplied by Druggists all over the world.

"There's only ONE Antiphlogistine."

THE DENVER CHEMICAL MFG. CO., NEW YORK, U. S. A.

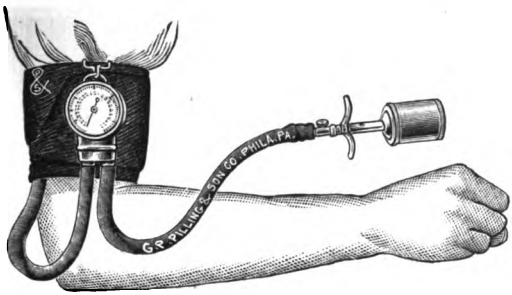
Digitized by Google

This is the Finest Instrument of its Kind on the Market

and is used by leading practitioners everywhere. The whole apparatus fits in a small leather case that can be carried in the pocket.

Price to every one $22.50

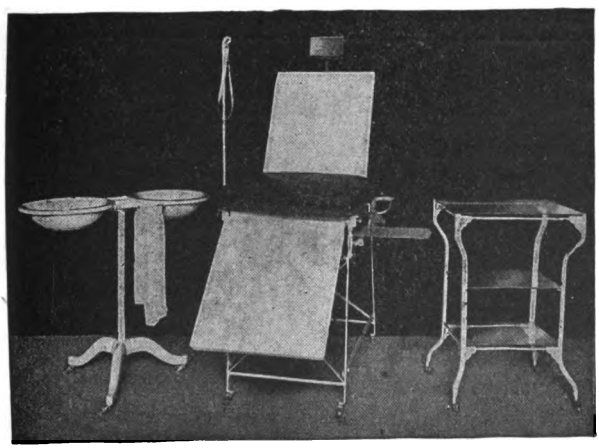
Ask for our little booklet, "Blood Pressure Catechism"



Each Instrument is accompanied by Dr. F. A. Faught's book known as "Blood Pressure Primer," The Sphygmomanometer and Its Practical Application. Fourth edition.

Send us $4.50 to-day and your order for one of these splendid instruments. Every thirty days send $4.50 until the full price of $22.50 has been paid and the instrument will then be your property.

THE YOUNG PHYSICIAN'S OUTFIT



GROUP No. 2. COMPLETE $30.00

197 Favorite Stand	$ 7.00
The Junior, as shown	16.00
174 Two-Way Revolving Washstand	6.50
Three Section Cushion	4.00
	$33.50

"Everything Aseptic"

Send for a copy of our Instrument and Aseptic Furniture Catalogue

THE GWINNER-MERCERE CO. (Successors to) DUTRO & HEWITT CO.

191 Madison Avenue **MEMPHIS, TENN.**

Digitized by Google

MEMPHIS **Lynnhurst** TENNESSEE

A PRIVATE SANITARIUM FOR NERVOUS DISEASES MILD MENTAL DISORDERS AND DRUG ADDICTIONS

A Rest Home for Nervous Invalids and Convalescents requiring environments differing from home surroundings. Diseases of Metabolism, Anemia and the complications and sequelæ of Chronic Malaria also treated. Large Grounds. Two Buildings. New and Modern Equipment. Hydrotherapy, Electrotherapy, Massage and Rest Treatment. Experienced Nurses. Climate Mild. Artesian, Chalybeate and Soft Waters.

. T. Rucker, M. D., Medical Sup't, Memphis, Tenn.

Danger Due to Substitution.

Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired luster to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed No "just as good" allowed.

Digitized by Google

Anasarcin

TABLETS

Anasarcin's Distinctive Features

Dependability of the cardiac stimulant and diuretic properties of its ingredients made certain by standardization.

Prevention of toxic cumulative effect.

Distinct, definite dosage.

Absence of ill effects after prolonged administration.

Constructive influence upon circulatory and nutritive processes.

Restoration of balance between arterial and venous systems.

That you may observe the action of Anasarcin and subject it to an exacting clinical test we will supply a sufficient quantity for that purpose without expense. To physicians only.

THE ANASARCIN CHEMICAL CO.

WINCHESTER, TENN.

Messrs. Thos. Christy & Co., London Agents

ERGOAPIOL (Smith)

For
AMENORRHEA
DYSMENORRHEA
MENORRHAGIA
METRORRHAGIA
ETC.

ERGOAPIOL (Smith) is supplied only in packages containing twenty capsules.

DOSE: One to two capsules three or four times a day.

SAMPLES and LITERATURE SENT ON REQUEST.

MARTIN H. SMITH COMPANY, New York, N.Y., U.S.A.

SAL HEPATICA

The Original Effervescing Saline Laxative and Uric Acid Solvent.

A combination of the Tonic, Alterative and Laxative Salts similar to the celebrated Bitter Waters of Europe, fortified by the addition of Lithia and Sodium Phosphate.

It stimulates the liver, tones intestinal glands, purifies alimentary tract, improves digestion, assimilation and metabolism. Especially valuable in

RHEUMATISM, GOUT, BILIOUS ATTACKS AND CONSTIPATION

Most efficient in eliminating toxic products from intestinal tract or blood, and correcting vicious or impaired functions.

WRITE FOR SAMPLES.

BRISTOL-MYERS CO.

BROOKLYN-NEW YORK.

Digitized by Google

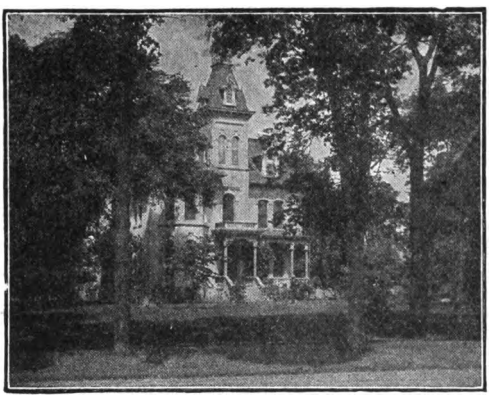
GULFCOAST SANATORIUM

LONG BEACH, MISSISSIPPI

Between Pass Christian and Gulfport, on L. & N. Ry. and Trolley Line. Modern Equipment, Climate mild the year around. Bathing, Row and Motor Boating, Tennis, Billiards, Fishing, Occupational and Suggestive Therapy in Selected Cases. Drug Cases and Alcoholics Treated by rational methods.

Address, DR. RIVES A. MANKER, Supt.

Trained Nurses. LONG BEACH, MISS. Long Distance Tel. 606.



DR. BROUGHTON'S SANITARIUM

FOR OPIUM, MORPHINE, COCAINE AND OTHER DRUG ADDICTIONS, INCLUDING ALCOHOL AND SPECIAL NERVOUS CASES.

Methods easy, regular, humane. Good heat, light, water, help, board, etc. Number limited to 44. A well kept home. Address

Dr. Broughton's Sanitarium
PHONE 536
2007 S. Main St. ROCKFORD, ILL.

CONTENTS

ORIGINAL ARTICLES.

J. R. Carroll—The President's Address 757
C. W. Miles—An Address of Welcome 765
F. W. Galloway—Pneumonia 775
B. N. Dunavant—Blood Findings in the Acute Abdomen 782

E. E. Haynes—The Acute Abdomen, When to Operate and When Not to Operate 786
W. C. Campbell—Orthopedic Examination in Children 789
EDITORIAL 792
MISCELLANEOUS 800
BOOK REVIEWS 802
CLINICAL REPORTS 804

Digitized by Google

UNIVERSITY OF MICHIGAN
3 9015 07046 7421

WE CARRY A COMPLETE LINE OF

SURGICAL INSTRUMENTS

AND INVITE AN EXAMINATION OF OUR STOCK,
AND WE TAKE THIS PLAN AS A COMPLIMENT
TO OUR MEDICAL FRIENDS IN
ARKANSAS, MISSISSIPPI AND TENNESSEE.

VERY TRULY YOURS,

Van Vleet-Mansfield Drug Co.

MEMPHIS, TENNESSEE.

ALCRESTA IPECAC, LILLY

A New and Improved Enteric Preparation of Ipecac Alkaloids

Designed as a specific in Amebic Dysentery.

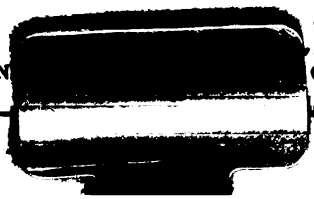
ALCRESTA IPECAC is an Adsorption Compound of Ipecac Alkaloids with hydrated aluminum silicate. It passes through the stomach unchanged and liberates the alkaloids of ipecac in the alkaline intestinal secretions; therefore, no nausea is produced.

Hospital studies show that Alcresta Ipecac, Lilly *does positively destroy* the amebae that cause the dysentery and that it *does not nauseate* or produce other ill effects.

Alcresta Ipecac, Lilly is available for physicians prescriptions in uncoated, palatable tablets each representing the full activity of 10 grains of powdered Ipecac.

Supplied through the drug trade in bottles of 40 tablets.

Complete information furnished physicians on request.



ILLY & COMPANY

IN CHICAGO ST. LOUIS KANSAS CITY NEW ORLEANS

Digitized by Google

O. S. McCOWN, M. D. MOORE MOORE, M. D.

Surgeons
Lucy Brinkley Hospital
City Hospital
Memphise Telephone Co.
Cumberland Telephone Co.
Also Affiliated With Other Hospitals in the City.

Surgery and Diseases of Women

OFFICES:

608-612 Memphis Trust Building.

Residence Telephone—Dr. McCown
2019 Main

Residence Telephone—Dr. Moore
1721 Main

OFFICE AND LONG DISTANCE TELEPHONES:
Cumberland 2292 Main
Memphis 2313

J. A. CRISLER

EUGENE J. JOHNSON,
Formerly of Yazoo City, Miss.

DRS. CRISLER & JOHNSON

OFFICES

FIFTEENTH FLOOR
COTTON EXCHANGE BUILDING

Our work is confined strictly to SURGERY and GYNECOLOGY.
Private Operating Rooms at The Baptist Memorial Hospital.
Also Affiliated with the Lucy Brinkley Hospital,
the St. Joseph's and other Hospitals in the City.

Long Distance Office Phones
Main 1783 and Main 10.

Long Distance Residence Phones
Hemlock 2090

Digitized by Google